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EDITORIAL COMMENT

THE RECRUITING CAMPAIGN

As the literature regarding the campaign to be undertaken simultaneously by the Red Cross and our state associations, was sent out in July, we cannot expect to have reports of very vigorous work until fall, but we believe committees will be working out their plans and for that reason they will welcome the articles in this number of the JOURNAL written by Miss McClaskie, one of Michigan's workers, and by Miss Olmstead of the Central Council, giving details as to how such plans have been successfully worked out. The suggestion of having the talks to high school girls given by nurses in training is new to us and certainly commends itself as the best way of reaching those young women.

We regret that two inaccuracies regarding the Michigan campaign crept into last month's JOURNAL. The schools have not all their full quota, and the campaign was not inaugurated by the University of Michigan, but by the State Hospital Association. As these items were given to us, one by a national officer and the other by a Michigan nurse, we had not thought of questioning their reliability. We shall be very grateful to all news gatherers if they will make sure of the accuracy of what they send us.

In reporting the work of the Pennsylvania-Delaware campaign, Miss Moran states that last April, Elizabeth M. Walsh, field instructor for the Division, went on a tour, speaking in all the Delaware towns of sufficient size on Needs and Opportunities in the Public Health Nursing Field, but she did not confine her appeal to the public health field, alone, but urged young women to enter our schools of nursing.

The speaking tour lasted from April 7th through the month. Twenty-six groups were addressed, 2,242 persons were reached, and 80 application blanks were given out. Posters and literature are also being distributed in Delaware by the truck sent out by the State Tuberculosis Commission. At the state fair, to be held in September, the

Red Cross Chapter will have a large tent from which posters and literature will be distributed, and moving pictures will be used.

AN "S. O. S. CALL" FOR INSTRUCTORS

If the recruiting campaign is successful, and if the schools are filled with students eager for the best preparation, it will be exceedingly embarrassing should it prove that there are not enough instructors to teach the classes. Every nurse who has a good education, every one who has taught before taking her training, should consider carefully whether she is not most needed in the ranks of training school instructors, no matter how inviting other fields may seem to be. At Teachers College, alone, there are fifty more requests for instructors than can be filled. The "Want" columns of the JOURNAL are full of offers of positions in training schools, very few being from nurses seeking positions. We would suggest to nurses who are able and willing to fill such positions that they answer these advertisements and that they register with the Bureau of Information at 156 Fifth Avenue, New York, our new National Headquarters.

THE INTERSTATE SECRETARY

The work of the Interstate Secretary in actual speaking and visiting came to an end on July 1st. Several weeks were then spent at the JOURNAL office in filing and sorting correspondence and in classifying information, so that the next interstate secretary who may be appointed may go on with the work with a clear idea of what has been done during the past three years.

A committee of which Miss McMillan of the Presbyterian Hospital, Chicago, is chairman, is working to see whether funds cannot be raised by voluntary subscription by the states to continue the interstate work, and something over \$1,000 had been pledged when we heard the last report. It is hoped by many that the work which has proved of such great help and inspiration may not lapse, even though the maintenance cannot at present be provided, as has been done in the past, by the JOURNAL, the League and the American Nurses' Association. The Interstate Secretary has acted as a live connecting link between our national bodies and the scattered associations of which they are composed. The work may possibly be suspended for a time, as it has been, twice, in the past, but it will certainly be resumed, as it is of too great value to be finally dropped. Miss Eldredge's past year has been a very strenuous one and all who feel so indebted to her will be glad to know that she is having a good rest on the Maine coast.

ORGANIZED HELP FOR THE BLIND

The Commission for the Blind of New York City, is trying to secure information which will make it possible for it to get into touch with every blind man, woman and child in the state with the intention of organizing a local committee for the blind in each section where the need of such a committee exists. Possibly other states are undertaking similar work. Nurses can be of great help in such a movement by reporting to the central body all cases of blindness which come within their observation. The object of such committees would be, of course, to find occupation for all who are able to do something, or to secure for them such training as will make it possible for them to support themselves wholly or in part.

No one can think of what the loss of sight would mean to her without a pang of sympathy which should be expressed in the rendering of all possible service to those afflicted. New York nurses are asked to report cases of blindness to the Commission for the Blind, Hall of Records, New York. Nurses in other states should make themselves familiar with what is being done or what might be done for this handicapped portion of the community.

RANK FOR NURSES

The BRITISH JOURNAL OF NURSING, in its issue of July 24, suggests that British nurses, encouraged by our success, shall ask for the rank that is now given their Canadian sisters. We heartily wish them success in their efforts.

The first step in working out the application of rank for nurses in this country, has been made by beginning at the top, in granting to Julia C. Stimson, head of the Army Nurse Corps, the rank of Major. This is as it should be. We congratulate Miss Stimson and hope the work will speedily go on, until all who are entitled to rank, receive it.

ANOTHER SOUTHERN PUBLIC HEALTH COURSE

The George Peabody College for Teachers in Nashville, Tennessee, is offering a course in public health nursing to cover six months. Three of these are spent on the campus in theoretical subjects, and three are spent in field work which is being developed in coöperation with the Red Cross. During the first three months, regular academic credit is given for work accomplished, and for any work previously done, other courses may be substituted. There is a wide range of subject and an excellent preparation for the many forms of public health work. Dora M. Barnes is in charge of the course.

LIST OF ACCREDITED SCHOOLS

We are having daily orders for the list of Accredited Schools, but some who order it send only \$1.00, while many send \$1.02. The actual postage on the booklet is two cents, but the envelope and the postal of acknowledgment cost another two, so we are most grateful to those who send the full price, \$1.04. When we consider the clerical work involved, we know that we are handling these orders at an actual loss. We like to be generous and to promote the distribution of this valuable little book, compiled with so much pains and effort by Miss Wheeler and her committee, but with the present cost of manufacture, the JOURNAL, like all other magazines, is having difficulty in meeting its legitimate expenses, so we ask all our readers to help in every small way that is possible.

THE JOURNAL INDEX

With this issue of the JOURNAL, the twentieth volume is ended, and we shall follow our custom of the past two years and publish the index in a separate pamphlet which will be sent on request to those who desire it. Experience has proved that 500 copies are enough to supply all demands for the index, and the saving in paper and labor, between printing 500 and many thousands, justifies us in giving our subscribers the trouble of asking for the index.

THE MEMORIAL FUND

The very latest report gives us \$45,944.55 in the Memorial Fund, plus 240 francs, which would bring the amount to about \$45,960. This leaves us a little over \$4000 to raise. Can we not renew our efforts and make up the remainder before the year is ended? Dr. Hamilton writes of the joy with which her nurses are looking forward to their new home. We must not lag behind on the last lap of the race.

WHAT WE OWE TO THE STUDENT NURSE

BY AGNES S. WARD, R.N.

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During the early years of my experience as principal of a school of nursing I felt that the students came to us for their professional training, that it was our duty to give them the best possible training in technical matters, but that the cultural subjects were something with which we could hardly concern ourselves. I would frequently deplore the lack, in some of the students, of the attractive manner and personality which are such vital factors in determining the degree of success which a nurse may attain. I would see how their lack of these qualities might be remedied and would realize just how much it would mean to them if it were remedied. I never failed to call the school together periodically and to talk to the nurses in a general way about the things which I felt were of such importance. Needless to say, my efforts did little good. In spite of my failure, however, I still felt that it would be too much of a reflection on their home training, or rather on the lack of it, to have real heart to heart talks with the students.

About six years ago I had a complete change of point of view in the matter. I began to feel that the students came to us to be equipped as nurses and that in accepting them we thereby made it our duty to give them, in addition to the technical training, as much cultural work as we felt was essential and as we could consistently carry in the curriculum. It was an easy matter to begin classes in reading aloud and in parliamentary law. It was most difficult, however, to determine just how to present the question of etiquette. At first it seemed as though it would be better to have it presented by some one who was not connected with the school, so the first year it was given by a special lecturer. After that I felt it was not only my duty but my especial privilege to give it myself.

Now, there is no work that I enjoy more than I do the course in etiquette which I have with each class. We use a small text book and I have not known one nurse who has not entered into the spirit of the work and thoroughly enjoyed it. True, not all may need it, nevertheless, those who have the least need are not the least appreciative. Furthermore, the students have been so desirous of coöperating that they have prepared a small pamphlet entitled, "Memorabilia," which aims to keep the pupil frequently reminded of the trifles that make perfection.

Then too, there is the matter of dress. Too few of us, probably, with our busy lives, give to the young women who come to us, the help or inspiration which we might give in so important a matter. Realizing our own limitations in this line and feeling that someone from outside would, doubtless, carry much more weight, we arranged for the first lecture on "How to Dress," by some one who is an authority on the subject. The nurses were so enthusiastic over it that they could talk of little else for days. The enthusiasm continues year after year and there are no lectures which the nurses anticipate with more pleasure than those on "Dress" and "Room Arrangement." We cannot expect too much from the limited number of lectures which we are able to give, however, it is a step in the right direction, and it will gradually bring to our nurses an appreciation of color, line and material which will give a new interest in their lives and will be of infinite value to them in their future work.

This year we established a class in public speaking and debate. Our class schedule was already so full that it was not possible to make place for it during the day. We decided, therefore, to make it elective and we were astonished to find that there were only three students in the school who did not wish to take it, in spite of the evening classes. Subjects which stir up interest in nursing matters are not prohibited. This past week, for instance, the subject chosen for debate was, "Resolved, that students who make a certain passing mark in their senior year should not be required to take the State Board examinations." The pros and cons stirred up more interest in state board examinations than I have ever known to exist before. This discussion all tends to create interest in outside nursing matters and to give the pupils a new zest and interest in their work.

Furthermore, the work in public speaking, in parliamentary law and, in a lesser degree, perhaps, the work in reading all help to give the nurse assurance when she wants to speak. Nurses as a class have been too inarticulate. There has been too little opportunity for expression or discussion. With the present demand for nurses who are capable of taking their place in debate and on the platform we believe that we are giving the students a better change by starting them in this work during their training.

For years I dreamed of the time when we might have a play director. I could see such possibilities if the pupils had some one to direct their play, and to help them use their leisure time. A year ago we arranged for a play instructor for one evening a week. She has no regular program, but is guided, quite largely, by the desires of the students. With only one evening a week, she has not the

opportunity of knowing much about their leisure time and is, therefore, working at a disadvantage. We are striving toward the ideal, however, and later we hope to have a fuller measure of her time.

This special work all costs money. It has been my experience, however, that when we feel the need strongly enough, there always seems to be a way of getting the money.

The entirely different atmosphere and the new interests which the instructors in these special subjects bring to the nurses are big factors in keeping them in touch with current events, in broadening their outlook and in helping them to retain their nursing interest to the end of the course.

THE SOCIAL, ECONOMIC AND EDUCATIONAL STATUS OF THE NURSE¹

BY RICHARD OLDING BEARD, M.D.

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(Continued from page 878 of the August Journal)

There is one thing essential in such a union. It should be educationally complete. The university or college should assume the ownership and control of the school, whether it owns or does not own the hospital which serves as the laboratory of the school. It must determine and direct the educational policy of the school. It must guarantee the fitness of its graduates and the degree or diploma is the best public seal it can set upon their work. That loose order of affiliation which sometimes obtains, under which the university lends its name and reserves its responsibility for the conduct of the school of nursing is a mischievous mistake. It is a mere pretense of university relationship which is not worth while. I fancy it is altogether probable that the forthcoming report upon the investigation of nursing education undertaken by the Rockefeller Foundation will give a new stimulus to university control.

Very many private schools of nursing still exist but, like the private schools of medicine that remain, there is a handwriting upon the walls of their future and it behooves them to read it or to find some Daniel to interpret it to them. It says that their days are numbered, that "the old order changeth, giving place to the new," that the day of the university education of the nurse has come. They will struggle along, some of them, for a while, because all transitions come slowly, because great changes are like new births,—painful in process.

¹An address delivered at the Lakeside Hospital, Cleveland, May 26, 1920.

The School of Nursing of Lakeside Hospital, among the leading hospitals of the land, and serving greatly the medical school of one of the greatest of universities, should be in the forefront of this movement. It should become, in name and in fact, the School of Nursing of Western Reserve University. The university cannot undertake a more important function. The school, in such a relationship, will find its fuller development, its greater future. It will exercise a wider influence, because under the direction of the University it will not only standardize its own teaching, but will serve, in the course of time, to standardize the education of nurses in the State of Ohio.

Given to the schools this impetus of university relationship, something more than the standardization of the training of the nurse, at its existing level, will result. A path of broadening opportunity will soon open before the student of nursing. The University of Minnesota, with some three or four other universities, already points the way to this farther goal in the provision of a five-year course, in which the College of Science, Literature and the Arts, the College of Education, and the School of Nursing combine their teaching forces and confer upon the successful candidate the degrees of Bachelor of Science and Graduate in Nursing. Minnesota has eight students enrolled in this five-year course in the current year. Still other universities are preparing for this higher phase of nursing education.

But the path of opportunity does not end here. Answering the urgent call for the higher and specialized education of nurses, to fit them for more responsible positions in the public health service, courses in public health nursing are now offered in nine university or collegiate schools of the country. Among them is the University of Minnesota. These courses admit, with us, either the graduates of approved training schools, or senior students recommended by their school superintendents, provided the applicant, in either group, presents a high school diploma. The courses are divided into two periods of four months each. In the first, the fundamental principles of public health nursing are taught; in the second, the student may select some special field of study in which she may receive intensive training. The social and relief agencies and the industrial corporations of the two neighboring cities, together with a model practice county of Hennepin, as a rural demonstration laboratory, offer field work to our students.

So great is the demand for the services of these super-nurses that a long waiting list of positions, covering a number of western states, is always on file. Your profession is undoubtedly on the

threshold of a new day of opportunity of service. The University's adoption of your School will enable you to enter into it to the full.

One should not attempt to write the contemporary history of education in nursing without taking account of the social conditions which direct its trend. We may cherish a personal belief in the polestar of destiny which forever determines souls, but we cannot permit ourselves to believe, even in the individualistic period of youth, that personal destiny is isolate. The intensified social consciousness of to-day, under which we are born and in which we live and die, emphasizes for us the spiritual truth that "No man liveth to himself," but we are all sharers one with another. We may feel that we have a definite call to a given service, and it is well; but there are considerations we do not govern which dictate the call and activate the response. The minister, summoned to a new charge, may pray, in the seclusion of his study, for light and leading, but his wife, in her upper chamber, answering the plea of her growing family for the benefits of a prospectively larger salary, meanwhile is packing the trunks.

We are faced, at the present day, with an economic fact, a serious shortage of nurses. The newly awakened interest of the people in public health has created an active demand for nurses in every field of nursing activity. The Government and the American Red Cross are employing large numbers of trained women. State boards of health, county organizations in many states, rural communities generally, visiting nurses' associations in the larger cities, infant welfare societies, anti-tuberculosis committees, public school systems, industrial enterprises, hospitals, dispensaries, medical social service agencies, group clinics are bidding for their services. Private practice is being robbed of its needed quota of nurses.

These economic conditions, combined with the high and ever higher cost of living, have led to an increase of the nurse's salary scale; and the great army of people of moderate means, or of means exhausted by illness, complain that the trained nurse has become a prohibitive luxury.

Under circumstances such as these it is easy for the uninformed to fall into the error of belief that educational requirements are too severe and serve to debar women from the calling of the nurse. It is not true. Unfortunately there are still scores of training schools, appendages of private hospitals throughout the country, which maintain low standards. In spite of the fact, they go hungry for applicants. There is a famine of pupil nurses in these low grade schools. They have not enough students to satisfy the nursing needs of the hospitals their students serve.

On the other hand, the university schools, with their higher requirements, are, generally speaking, relatively rich in matriculants. Minnesota, up to the present term, has always been offered a larger registration than she could accept. The day has gone by when the lowering of the educational standards attracts anybody. It can afford no relief to the scarcity of nurses. Student nurses, in ever increasing numbers, are seeking the good schools, they demand good training, they do not want anything else. Applicants whom the Minnesota school cannot accept, at any given enrollment period, will wait six months or a year for admission rather than go to non-university schools. Applicants, whom we refuse for physical or social unfitness, for immaturity, or for lack of satisfactory preparation, will accept correctional treatment or supplementary courses of instruction to fit themselves to enter.

Dismissing the argument, then, for lowered standards of education, we still face the economic fact that the supply of nurses, at the present time, is inadequate. We may as well admit that the time has come when a readjustment of the nursing profession to social need must be sought. I remind you, again, that you are to belong, from this day forward, to a profession of service, and that you must fitly serve. (You must answer to the social demands that are laid upon you, or, sooner or later, you will be pushed aside in favor of those who do or will.) It behooves us then to take account of the present day demands that are being made upon the profession of nursing.

First, at the risk of repetition, let us quote that there is an increasing demand for the super-nurse, a highly trained, broadly educated woman, capable of superintending a teaching institution or of conducting advanced teaching; of directing organizations in which nurses are employed; of assuming responsibility for national, state, county, or municipal positions in public health nursing; of expert service in public or private laboratories, infirmaries, or clinics; of managing medical social service departments in hospitals or dispensaries; of organizing nursing activities for industrial or commercial corporations; of overseeing the health systems of our public schools. Many are the opportunities in this major field and they are rapidly multiplying day by day and year by year. These positions command salaries ranging from \$1,200 to \$5,000 a year.

For want of an adequate supply of women who have had graduate training and wide experience in field work, a large number of these positions are still filled by women who have had only the ordinary education of the school of nursing; but these incumbents are being replaced, little by little, as they should be, by those of superior advantages.

Second: the registered or graduate nurse is in greater demand to-day than she ever has been and that not only in the field of private nursing, in which the paucity of supply is most seriously felt, but in the many social and civic agencies which are undertaking more and more extensively the supervision of the public health. These phases of socialized nursing are making a gathering appeal to graduate nurses. Visiting nursing, tuberculosis control, infant and child welfare, medical social service, public school nursing, industrial nursing, dispensary and infirmary clinics, special hospital nursing, the office practice of doctors and dentists, all of these are inviting you to places, under specially trained supervisors; places which are fairly remunerative, which leave you some chance of leisure hours; which enable you, at a fixed compensation, to do your work "for the joy of the working," and to grow in the doing of it. From these fields of service you have the readier opportunity to undertake graduate courses of study which, super-added to your field experience, may advance you to still more responsible positions.

I cannot but emphasize this tendency of the times, which is carrying large numbers of women of these graduate and super-graduate groups along with it, toward government-directed and distinctly socialized forms of nursing. I believe not only that the tendency is determined by present social need, but that it is destined to grow greatly as the people at large come to a more widely awakened consciousness of that need. I know there are those who fear this new movement, who see in it a threatened famine of nurses in private practice, who do not see in it any promise of relief for that large class of people who stand between the wealthy sick, who can command private nurses at high prices, and the indigent sick who depend upon relief agencies. And again, let us squarely meet the issue. This fear is justified. The large social group which cherishes this fear, or for whom we cherish it, includes those who, though self-dependent, cannot pay, when they or their families are overtaken by sickness, the salaries which trained nurses of to-day command; but it also includes almost as large a group who when they are well are economically efficient and are able, with more or less difficulty perhaps, to make ends meet; but who, when they are ill or have burdens of family sickness to bear, are economically disabled and are reluctantly compelled to seek some sort of compromise with social independence. What are we going to do about it? How are we to readjust ourselves to this growing, this serious demand for the nursing help which social justice requires these people should have?

For years, our nursing organizations and our hospital and medical associations have sought and have not found a solution of the

problem. It remains a more pressing one to-day than it has ever been. Perhaps they have failed of its solution because they have fancied that a remedy could be found only in a disturbance of the existing order. On the one hand there have been those who would diminish educational requirements as an invitation to a hypothetical increase of pupil nurses. On the other hand there have been those who tenaciously and rightly cling to their educational ideals, even though these are susceptible of further betterment.

Proposals to train nurses' aides have been suggested, and have been met by the perfectly sound argument that aides of lesser training and with meagre experience would soon arrogate to themselves the name, the function, and the salary of full graduate nurses. They would represent a return to the days of the experienced nurse who was usually the lineal descendant of the type of Sairey Gamp. Nevertheless, I am not sure that the question should be so summarily disposed of. It seems possible that under proper legislation both the public and the nursing profession might be protected and served. Let such legislation provide for suitable preliminary education; for not less than one year of training; for licensure upon certificate or examination; for registration in local bureaus as secondary nurses or licensed aides; and let a penalty attach to impersonation of the graduate or registered nurse. Let the public be advised of the secondary and limited function of such nurses in the care of sickness. Yet, after all has been said and done, the expedient is admittedly more or less dangerous in process and doubtful of result. One cannot but confess that it carries with it the social injustice of offering inferior nursing service to those who cannot afford to pay as heavy a charge as their more fortunate neighbors.

Are there not better ways in which the social demand may be met? May we not encourage other measures which will put help of the highest order within reach of all economically conditioned classes of the people? May I suggest three several directions in which our best endeavors toward relief may serve?

1. Bureaus have been organized, and in some instances have proved profitable, for the supply to the public of hourly employed graduate nurses. These enterprises should be promoted. Physicians should advise their patients of occasions of illness or periods of convalescence in which these part-time nurses may fitly serve their need. Such a bureau should guarantee to its nurses a minimum earning, to be increased in proportion to the work they do in excess of their minimal salary. The sum of the service rendered to society by such hourly visiting nurses might yield an income greatly increased beyond

that of the ordinary private nurse. Such women should be available, as physicians are, for emergency night duty.

2. Advantage should be taken of the growing tendency to use the hospital as the housing place of the sick. The burden of sickness in the home may be greatly lightened and a satisfactory nursing service secured by promoting this tendency. Many nurses prefer hospital practice after graduation and they are usually available therein for special duty. Advanced pupil nurses should be furnished to private patients, in urgent cases, at a lower rate than the registered nurse is usually paid.

The private hospital, whether denominationally or professionally controlled, should be regarded as the hotel of the sick. It should provide rooming accommodations and board, at varying rates, laboratory conveniences, and competent nursing. Such an hotel for the sick should be conducted as a business enterprise on a self-supporting basis. We should cease to think of it as a public benefaction.

The scope of the public hospital, whether under municipal, county, or state control, should be widened to accommodate not only the indigent sick but, at a suitable per diem charge, those who, for the time being, are economically disabled and therefore cannot avail themselves of the hotels for the sick. Such public hospitals should be manned with graduate as well as pupil nurses on occasion. They should give the highest order of service. They should be maintained by taxation, plus the per diem charges they may collect. They are not to be regarded as charities, but as equalizers of social justice, as institutions for the care and the restoration, not only to health, but to economic efficiency, of the people admitted to them.

3. Similarly, and for the same social and economic reasons, the scope of visiting nurses' associations should be broadened. Their service should not be confined to the indigent who are ill, but should be extended, also, on an hourly remuneration basis, to those who can pay but little, but in the paying of it may preserve a measure of economic self-dependence. This extension of service has already been undertaken in certain cities and is proving a boon to the temporarily or chronically sick, who have a right to good nursing service, but who must have it at small cost. Of course it means the employment, at fair, continuing salary, of a larger number of nurses.

I think the time may come when the community, as a whole, will undertake the support of these visiting nurses' associations. It would be better so than to regard them as public benefactions. The sooner we get away from the idea that these social agencies have the function of charity and the sooner we come to regard them as the

adjusters of social inequality, as the stabilizer of the public health for the good of the whole community, the better.

In all of these institutional or organized forms of nursing service, there is the element of assured compensation to the nurse, her freedom from anxiety for the wage she earns, the opportunity to work for the work's sake. That means much to her who has that sense of social service which her calling should carry with it. In each and all of them I can see the opportunity to place thoroughly trained nurses within reach of all economic classes of the people.

And now you will permit me to say a personal word. I greet you as runners in a good race. I believe that you will keep the faith for which your profession stands. I wish you success in all the work to which you put your head, your heart and your hand. Should you continue in the vocation you have chosen, I hope you may reach up to its highest opportunities. Should the future lead you to the goal of every good woman, to happy homes of your own, you will be the better wives and mothers because you are trained nurses. If you remain married to your calling, you will find in following it, love and joy, as well as human suffering, and children many for your mothering.

Success waits for you; be ready for it. Should failure in the future, sometimes confront you, resolve that you will "not count on aught but being faithful." "It is better to fail than never to have had a striving worth being called a failure." But you will not, in the end, fail. The life which opens before you is big with opportunities of continuing service; and no life of strong, honest service ever fails. The memory of the simple, sainted nurse, whom the English-speaking world centennialized but a few days ago, is proof of that. Such a life as here immortalizes itself; and surely, for the saving of this troubled world of ours there is nothing better, that any among us can work and hope for, than the immortality of service.

SPOTS AND STAINS

BY O. W. NOLEN

San Antonio, Texas

Almost every nurse is familiar with the disagreeable task of trying to remove some stains from her uniform or from hospital linen, but few nurses know just what to use to remove different kinds of stains, so they go at it in a haphazard way; using ammonia water, chloroform, alcohol or any other substance that they happen to think of, and if they do not know what to use for each particular stain, the chances are that their efforts will be useless, or they may even make

it worse, as some stains are as contrary as some patients, and sometimes have to be coaxed with some strange chemical that they seem to have an affinity for.

While the subject of removing spots and stains isn't included in the curriculum of studies in nursing, and the state boards do not require a nurse to possess a knowledge of eradicating picric acid stains or of obliterating ink spots, still it is certainly worth while to be able to save a nice uniform from seemingly irremediable ruin and to know how to remove some unsightly blot from clean hospital linen.

Now nearly all stains can be removed with proper chemicals, but few hospitals have all of these substances on hand, as many of them are never used in hospital work. It would be a wise plan for dispensaries in institutions to prepare a list of the more common stains and of the substances that will remove them, and to keep the chemicals in stock and prepared for immediate use. Nurses should familiarize themselves with methods of removing the kind of stain they most often have to contend with, as in many cases they can be easily removed with some substance at hand.

The most frequent stains are those caused by tincture of iodine. Of course all nurses know that alcohol will remove these, but it isn't so efficient in removing them from clothing; for that purpose, ammonia water is best, or a saturated solution of sodium hyposulphite. The stains can be removed from paper with ammonia water, or with a blotter soaked in a solution of the sodium hyposulphite.

To remove silver nitrate stains from the fingers, mix one ounce of sodium sulphite and half an ounce of chloride of lime with two ounces of water; use with a nail brush. To remove the stains from clothes, prepare a solution containing 45 grains of bichloride of mercury, 45 grains of ammonium chloride and distilled water to make one ounce. Keep this in a safe place, as it is very poisonous.

The picric acid stains spoken of in the first part of this article can be removed from the clothing or hands with a paste made of lithium carbonate and water.

Blood stains can be obliterated from the clothing and other articles by preparing common starch, as for laundry use, and applying over the spot.

Ordinary writing ink stains can usually be eradicated by lemon juice applied to the spots. If this fails, use a solution of oxalic acid, or equal parts of finely powdered citric acid and cream of tartar, applied with hot water.

Indelible ink stains on clothing can be removed by touching the places with a brush dipped in a solution of potassium cyanide, then washing the fabric with water, but remember that the potassium

cyanide is a deadly poison. The stains can be taken off the fingers with ammonia water, or by painting them with tincture of iodine, then removing this with ammonia water or a solution of sodium hyposulphite.

Red ink can be easily removed by alcohol rendered acid with a little nitric acid.

Stains caused by solutions containing iron, such as tincture of iron chloride or Basham's mixture, can be taken out with a solution of citric acid. For iron rust stains, use salt and lemon juice.

LABORATORY WORK FOR NURSES¹

BY MARY GULLEDGE, R.N.

Columbia, S. C.

During the past twenty-five years, such rapid strides have been made in all branches of medicine that it would be a difficult matter to decide just which has made most progress, but from a diagnostic standpoint it would seem that greater advance has been made in laboratory methods than in any other.

The day has long since passed when the physician relies upon the condition of the tongue and the character of the pulse to arrive at a correct conclusion concerning an illness. He resorts to more accurate methods, such as complete physical examination, laboratory studies, and X-ray. The busy practitioner has not time to devote to the thorough laboratory investigation of his case, hence a great field has been opened for women who desire to avail themselves of this opportunity. I will, in a brief way, outline some uses of the laboratory as an assistance in arriving at a correct conclusion.

From the study of the blood we are able to detect many diseases that would otherwise not be recognized, such as the leukoemias, pernicious anemia and, in obscure cases, malaria and typhoid fever, to say nothing of the astonishing information sometimes disclosed by the complement fixation test of Wassermann. The presence of a leucocytosis with a polymorphonucleuosis in continued fever, where there is no appreciable cause for the fever, is of great clinical significance as it shows there is an infection or sepsis; the only exceptions to this rule being typhoid, tuberculosis and malaria, with the very rare exception of syphilitic fever; further studies of the blood will indicate which one of these conditions is present. From cultures of the

¹ Read before the Graduate Nurses' Association of South Carolina. April 22, 1920, at Sumter, S. C.

blood we are able to detect the various bacteriemias without which it would be only a guess as to the actual condition of the patient.

From the study of the sputum we are able to detect tuberculosis, influenza, the different types of pneumonia and bronchial asthma, pulmonary abscesses, etc.

A study of the feces will show the presence or absence of intestinal parasites, the condition of digestion of proteins, fats and starches; the presence or absence of blood, occult or otherwise, pus and excessive mucus. The constant presence of occult blood in the stools when correct examination shows that it does not come from blood being swallowed and the patient is on a meat free diet, is conclusive proof of malignancy somewhere in the gastro-intestinal tract. Occult blood, intermittently found, is a strong indication of gastric or duodenal ulcer.

From the examination of the urine we are able to detect pus, blood, albumen, casts, and sugar. These examinations are absolutely essential in every case, for only by a careful chemical and microscopic study of a well centrifugalized sediment can one obtain data that are essential in arriving at an accurate conclusion in a great many cases.

The bacteriologic study of the spinal fluid is essential in differentiating the various types of meningitis. The cell count of the spinal fluid is the only way in which the condition known as meningismus, which is due to severe toxemia and occurs principally in pneumonia and typhoid fever, can be differentiated from a true meningitis, the cell count in meningismus being normal, 3 to 7 cells to the c.m.; and in meningitis, 100 or more. It is also of the greatest help in the meningeal type of lethargic encephalitis. Clinically this type is very similar to meningitis and only by the cell count of the fluid can the two diseases be differentiated. In encephalitis there are seldom more than 30 cells to the c.m.; whereas, in meningitis you would be likely to find more than 200.

One could go on with this endless chain of diseases where the physician has to make his diagnosis almost entirely from the laboratory findings. These tests require time which the busy doctor cannot spare to give to this work. There are many openings here in South Carolina for the nurse who would care to go into this interesting field.

THREE CASES: THE BIRTHRIGHT

BY AGNES JAMES, R.N., AND KATHARINE JAMES

Cincinnati, Ohio

(Continued from page 892 of the August Journal)

Here was a girl, young—like you and me—married, without wooing or contemplation, to a man much older than herself, transported to an old lonely farm to live with him alone, no fun, no clothes, no anything but work. Even if one had been terribly in love, it would have taken lots of ballast. Mind, I liked David Follinsby, and he certainly was one devoted man, but he had no more idea than a jack rabbit that a girl could need anything that he didn't, and Beulah was just plain starved, none of the sex stuff that we got in our lectures, but her emotions were never fed or exercised,—nothing to laugh at or look at or talk about, past or to come, just David for every meal and all night, and he was about as playful as one of his own tractors.

But I worked hard and got the nourishment down her somehow and started a campaign to get her interested. I was nearly delirious with joy when one day I caught her peeking into a fashion magazine I'd brought along, and I was just making fine progress with a discussion on clothes when David tiptoed in and she went flat. The hopelessness came into her face and his matched it, and mine must have been a good third, but I just couldn't give in and my desperation made me bold. He was sitting on the back porch after supper, smoking, while the old woman washed up and Beulah was asleep, so I took the sweater I was knitting and went and sat down on the steps to watch the sunset. Every night he asked me what I thought of her, and listened with his heart in his eyes to every word I said. I don't know how I did it, but all at once I let go and told him exactly what I imagined ailed her. It was a perfectly awful thing to do, when one thinks of it, and if I'd stopped for a minute I'd have been too scared to go on, but I went through to the end. His face was a study.

"I guess you're right, Miss Penley," he said simply, "and I thank you for putting it so plain. Beulah has doubtless missed many things that girls set store by, but if it ain't too late we can mend that."

The worst of my proposition was to come and I could have hugged him for the way he took it.

"You couldn't go away a little while, could you," I stammered, "and just leave her alone with me?"

He never moved an eyelash, just kept his big, sad eyes on my face.

"What you say goes—sure I could. I could go to town a spell—it's nobody's business and Nick can run things."

I tell you he was grand. Next morning he told Beulah he was going to buy some new machinery and might have to be away a week or so. In spite of her apathy her expression changed and he noticed it; also the pink bows I'd put on her hair.

"Miss Penley, you're wonderful!" he said to me when we were alone; "the maid has been deprived of her birthright, but please God I'll make it up to her."

He left me his address and made me promise to write every day.

"You must write to her," I insisted; "it is part of the cure."

"What can I say that she will care to hear?" he asked sadly.

"Look here!" I said severely, "I'll have you on my hands next. Go and see things and don't worry. You write what I tell you to write."

I was joking, but he caught me up and before he left I'd promised to outline his letters to Beulah. When he was dolled up in his Sunday-go-to-meetings and clean shaven, he looked ever so nice and big and strong, and as he drove away the full sense of what I'd taken on myself came over me and I tell you I felt pretty shaky and low spirited, until the first time I heard Beulah laugh right out, then I knew victory was to be mine.

It was the second day and with absolutely nothing to do, I fished out a paper pattern and some goods I've had for years to make "teddies." I spread them on the floor, Beulah watching, and you know just how much good I am with a paper pattern—knowing anatomy doesn't help a bit—but it wasn't till Beulah laughed that I saw what I'd done or what sort of a freak I'd have to be to wear the things I'd cut. I couldn't have planned anything to hit the spot better, and when she made me spread the pieces on the bed to salvage some of it, I wanted to let out a yell of triumph.

I wrote to David that night and told him we were coming along fine, but that we missed him. He stayed away three weeks, bless his heart, and let me tell you I wasn't idle. There was a little two by four town, about five miles from us and I risked my reputation and let "Dundreary" drive me in about twice a week. David had left me oodles of money and there were one or two fair stores. I got some fashion magazines and things for knitting a nice pink scarf, and some nifty little bits of china for Beulah's tray. She was beginning to take notice and I think she was beginning to miss David a little; anyhow, I meant her to.

I didn't want him to write to her till I was sure, but I heard every day or so, blunt, straightforward little letters, brimming with solicitude for us. One morning a parcel came for her and I took it in and opened it. It was the niftiest little vanity bag you ever saw, with all the fixings. Poor kid, she was so tickled the big tears ran down her cheeks as she looked at it, and she kept saying, "My! My! What's got into David?" and she had drunk a big cup of good beef tea before she came to her senses, so to speak.

I thought it was about time to plant a letter from him, so acting on my instructions, along came a wee thing saying that he missed her and that she was to hurry and get well so that he could take her to town to see things with him. It was a trump card that, and stood for quite a decent little piece of steak and a baked potato, and when the next parcel came along I raised her on another pillow to enjoy it better. It was a little dressing jacket this time, pink silk with forget-me-nots the color of her eyes.

Well, why prolong the story? When I saw she began to want him I knew I'd won. But I kept it up till she could sit up in an easy chair. By this time she had three letters that she was pretty scared of losing and one or two presents a week. Her room I couldn't do much about, except a new spread in place of the comfort made of samples of several generations of Follinsby male apparel.

The night he came home I had her all dolled up, looking like a picture, and sitting at the window, her beloved presents all round her. For a minute I was afraid I might not get a word with him alone before she did, and that would have spilled the beans,—so sneaking out, I ran to the end of the lane and waited. My! but he was pleased to be back. I don't suppose I'll ever realize what it meant to him to stay away so long.

"She's grand!" I burst out, "and waiting for you; but don't forget that you sent her the presents—don't give me away!"

"What presents?" he said, mystified.

"Oh! go on in. She'll tell you, but keep quiet!"

He strode on and I followed slowly, and just as I got in I heard Beulah telling him he'd chosen exactly what she'd always wanted. When he came out on to the porch he still looked a bit dazed. He was fumbling in his pocket and finally produced a little package which he held out to me. I opened it and found one of those little fancy red plush case effects with needles and thread and a thimble and some strands of colored silk—you know the sort of thing that women never use and men think they do. God knows where he picked it up, but it wasn't a fifty-second cousin to anything in Beulah's assortment and I trembled for my secret.

"It's lovely," I stammered; "she'll be delighted."

His face grew red. "She! Why, Miss Penley, it isn't for Beulah—it's for you."

I was so relieved and touched I was nearly hysterical, and I told him truthfully enough, I'd never had a present that pleased me so much.

"You've taught me a lot," he said soberly, "and I don't expect you'll ever know just how I feel about it, but I want to tell you—you'll be sorely missed when the time comes for you to go."

Mary stopped talking and sipped her tea in silence.

"Well," I said, "I wouldn't mind having a case of sexual starvation, I mean emotional hunger, if you'd put me to bed and bring me round with presents!"

But Mary refused to jest. "Let's go and hear some of those lectures by the big women M.D.'s on 'Catering to the Emotional Life of Women,' I might get a few wrinkles."

"It's probably all you would get," I said, "but I'm game. Only my experience is, that the women who really know are not lecturing, besides the ones I've been nursing were very well catered for, and what I vote is—let's go to a movie."

"All right," said Penny; "the motion is carried."

(To be continued)

HOW MICHIGAN MANAGED ITS STUDENT NURSE CAMPAIGN

BY MAUD McCLASKIE, R.N.

Detroit, Mich.

When the Michigan Hospital Association initiated the campaign to recruit student nurses for the Michigan training schools, last March, it is safe to state that no one concerned had any conception of the interest and the scope of the undertaking. The plan of the campaign may be briefly stated as follows: It was financed by the Hospital Association in the main, though each local committee was asked to bear as much of the local expense as possible. Each hospital in the state belonging to the Association was expected to give one dollar for each hospital bed. Fourteen hospitals financed the undertaking; some did not enter.

A Central Committee was appointed, the chairman of which was the principal of a training school, there were on the committee one

superintendent of a hospital, the secretary of the State Board of Examiners, and a number of other important people. This committee appointed local chairmen representing each of the Congressional Districts in the state. The local chairmen, who were mainly trained nurses, but in some cases lay people, with the consent of the Central Committee, selected their own members. The Central Committee furnished the local committees with literature, including a prepared speech to be given to all speakers during the campaign, from which all that needed to be brought before the public could be gathered. There were folders for distribution to high school students, and attractive letter seals which were given to the pupils of training schools and widely distributed on letters and packages. Florence Nightingale post cards were sold to help defray the expenses of the campaign.

To coordinate the work throughout the state and to insure a successful fulfilling of the purpose of the campaign, a secretary, not a trained nurse but highly skilled as an organizer and executive, was secured by the Central Committee. She went from district to district and helped to form committees and to secure the strongest influence in the community for the service of the campaign.

This paper will concern chiefly the campaign in Detroit which is typical of that which may be carried on in any center. Each local chairman was allowed to formulate and execute the local campaign without much restriction and each of the thirteen regional chairmen made use of variations to suit her locality, no plan having been formulated to guide them.

As each regional chairman began considering her duties, the problem was, not alone to secure an audience to listen to an appeal for the securing of student nurses, but to awaken the public to a sense of its responsibilities concerning health problems, such as perhaps every mother feels toward the public schools. Once this is done the value of the nursing profession becomes apparent. It was necessary to call attention to the fact that we as a nation have recently been made aware of the physical unfitness of a large part of our population; it was necessary to show that the nurse is an indispensable part of the entire health program of the nation. Because of this, it did not seem possible to carry on such an intensive campaign as was contemplated without the use of the newspaper and the aid of the movies. It had been thought that advertising was the last thing to which the nursing profession would resort, yet we recall that private schools and churches and other legitimate enterprises make use of the screen for the education of the public.

Each chairman undertook to secure the interest and aid of a non sectarian, non political group in her community; if possible, a group

committed to public welfare and capable of exercising a limited local influence. Each district had different conditions to deal with, but American cities are fundamentally alike in tradition, education and ideals and there is in every city or town a center of influence which, if utilized to start a movement, guarantees enough momentum to carry it through. Around this group, other groups assemble which are exceedingly valuable and yet which could not have functioned alone as centers of a community problem. A large city may be supposed to have advantages superior to rural communities; this is true in some respects and the converse is true in others. The fact was not lost sight of that the largest number of training school pupils are drawn from the small town and the rural communities. The principles of action are bound to be the same even though the details vary.

The salient point for Detroit's campaign was recognized as the patriotic fund which is a combined community union of eighty or ninety of the city's charity and welfare organizations,—the American Red Cross, and the Y. W. C. A. being among the most important. We solicited their aid, and they who had collected several millions of dollars for the welfare of Detroit, responded immediately to our request, saying that they considered nursing a distinctly important community problem. We then sought and received the endorsement of the Detroit Council of Churches, the Social Workers' Club, the Inter-denominational Missionary Society, the League of Catholic Women, the Federation of Women's Clubs, ten Eastern Star Chapters, the Jewish Woman's Society, the Lady Macabees. These endorsements were promptly published but they, as well as all newspaper and moving picture publicity, first passed through the hands of the publicity manager of the community fund. They directed our entire campaign and the Chairman took instructions gladly from this publicity manager, a former newspaper man, who handled all newspaper material with a nicety of discernment that would have been impossible for an inexperienced chairman. Other newspapers in the city of Detroit gave generously of prominent space. The publicity manager, in order to become saturated with the spirit of the work, visited the Children's Hospital, made rounds with the Red Cross nurse, and read all the literature presented to him for consideration. He made trips with nurses to industrial plants, he investigated Red Cross teaching centers, he insisted upon photography of local chairmen and central chairmen, the student nurses in uniforms, and Red Cross nurses in groups. There were little local touches in the publicity campaign such as Mrs. L. E. Gretter's picture accompanied by a copy of the Florence Nightingale pledge. Dr. Warren Babcock of Grace Hospital furnished an original letter of Florence Nightingale. The newspaper publicity was

distributed over a period of about three weeks, but one week carried a highly intensive publicity.

Then came the movies and we found that for creating interest in a short space of time, the silent drama was not to be ignored. Forty-nine picture houses carried an advertisement daily at each performance for one week. The movie advertisement must be short, or the public will not read it. It must carry a local address for information or the public will lose its interest. Much local interest was furnished by having the pictures of the local committee placed on the screen in different picture houses daily, covering a period of some four weeks. The local committee carried many important and well known people representing the Board of Trustees, of each hospital, the Y. W. C. A., the Vocation of Guidance Department of city schools, the League of Catholic Women, the Local Red Cross, the industrial centers, the Interdenominational Missionary Society, etc. The film, "In Her Steps," released by the American National Red Cross Society, was shown in five picture houses twice daily for one week. It was exceedingly well received and was greeted with applause in several theatres.

It next became necessary to concentrate upon the public schools. Student nurses from each training school in the city, numbering twenty in all, were selected by their various superintendents, and the local chairmen assembled these pupils, furnished them with a copy of the prepared speech and literature for distribution and offered a few suggestions on public speaking. No stereotyped instructions were given these pupils. For one week, through arrangement with the Vocational Guidance Department, they appeared before the high school audiences in uniform. These student nurses knew so well how to handle their high school audiences that one was moved to admiration. They told little stories of their experiences, they made use of word pictures, they made the main issues of the profession stand out, they minimized the difficulties of training, they enlarged upon the compensation of the work, they fully held before their audiences the educational aspect of the profession. They made it quite clear that nursing was a profession and an interesting one. Youth spoke to youth; one could not have imagined in advance, how effective the student nurse speaker could be. Each school chose its best and each student nurse speaker was accompanied by an official of the training school or an officer of the Women's Board, or some importantly related individual. The fact was not lost sight of that the principals are the women who carry on the work, long after the student nurse speaker is forgotten. They are the inspiration of the high school

girls and it was fully as important to secure their approval and coöperation as that of the high school student. The entire number of high school students in the city and the parochial schools was 6,500, and in Detroit one out of every eleven spoken to, sent in a request for further information concerning nursing.

It is too early to realize the fruits of this campaign. One thing that stands out emphatically in the mind of all who have helped in this undertaking, is that we must continue from year to year to bring before the public the value of nursing as a career, and as the most necessary element in community health. It is borne in upon us that there is a strong necessity for continuing the campaign throughout the year and during the fall and winter months, placing emphasis upon the education of the mother and the older women in the community. Young women are entering the nursing field today at such an early age that they must, of necessity, be largely guided by the teacher and the mother in their choice of an occupation.

Each regional chairman, after securing the names of those interested in nursing, forwarded them to the secretary of the Central Committee, who was also the secretary of the State Board of Nurse Examiners; she forwarded to each inquirer a list of accredited training schools of the state and an application blank on which the applicant placed her choice of a training school. This blank was then forwarded to the hospital chosen. We are strongly reminded, every hour, that the hospitals that engage in this campaign will find it necessary to live up to the standard and the promises made by the speakers.

The reaction of this campaign upon the student nurses themselves, in each training school, has been salutary. They seem to be impressed with the increasingly important group of people the nursing profession compromises. They seem to see the coming socialization of the nurse, her important civic and human obligations. It would seem that this undertaking has been gratifying and of value to hospitals, physicians, nurses, and the public.

An article in the Teachers College Record for March, entitled "Why High School Principals Succeed and Why They Fail," by Albert B. Meredith, would be of interest to superintendents of nurses' training schools, for much that is said applies equally well to them.

DEPARTMENT OF NURSING EDUCATION

IN CHARGE OF
ISABEL M. STEWART, R.N.

THE RECRUITING OF STUDENT NURSES¹

BY KATHERINE OLMSTEAD, R.N.

Executive Secretary, Central Council for Nursing Education

The Shortage of Workers.—It is true that there is a shortage of nurses. There is, undoubtedly, as Dr. Parnell has said, a shortage in all the professions, in all the occupations into which women are entering. We know that twenty-five years ago there were exactly two occupations for women, nursing and teaching. At the last census in 1910 we found that there were three hundred occupations in which women were engaged, and since the war that number has been more than tripled.

There is besides a wave of influence going over this country which makes everybody want a quick and large money return for service. We are finding that in vocational conferences this influence has affected not only the business men and women, but the young girls entering a life profession. Young women can, after a six months' course in a business college, with very little experience enter less laborious fields at the same remuneration and shorter hours than can a registered nurse. You will realize that to a certain large group of our young women this makes a very strong appeal.

We are finding another condition that is healthy. The women's colleges, especially throughout the middle west, are crowded. In one small women's college in Illinois 58 young women were turned away last year because there was not room enough to take care of them in the college. So that there is a tendency toward higher education on the part of young women.

With those two things in our minds we can classify our young women into two groups: one group affected with the desire to get money and what money brings—clothes, finery and pleasure; the other group,—those who are eager for a higher education, who are eager to know the joys of service. Those of you who were at the Des Moines Student Volunteer meeting last winter will remember those 5,000 young women, eager and anxious to hear about how they could be of the greatest service to humanity, whether in China or Africa, or here in America. You will realize that there is still a large group

¹ Address given at the joint session of the three national organizations of nurses, Atlanta, Ga., April 16, 1920.

of our young American women who want to do the kind of work that nursing offers.

Purpose of The Central Council.—Now what are we going to do as nurses? Do we want the first group in our training schools or do we want the other group? In Chicago and in the surrounding states we have decided that we want the latter group of young women and we are going to get them into the training schools; not into every training school, but into the best schools for nurses in that part of the country. We are trying to mobilize our forces and we have formed what we call a Central Council for Nursing Education.* It originally started with the lay boards of some of Chicago's best training schools. These men and women, realizing that they needed more student nurses, held meetings and decided to form a Council. They wanted to disseminate knowledge throughout Illinois and the Central West about nursing education, to overcome the newspaper publicity that has been given to short courses. We can do it. We have never yet tried to get the finest and best things about our nursing profession before the public. These spectacular short courses where a thousand women are turned out in a few weeks calling themselves public health nurses, and graduate nurses, have news value and it gets into the newspapers. What we are going to do is to get good facts and also do things which have news value. We are going to try to talk, not alone to students of the high schools and colleges, but to groups of young women who are in business. We want to meet the parents through women's clubs, to meet fathers through business clubs, and try to create a wave of sentiment for the better and higher type of nursing education.

Throughout some of our central states the hospitals are very much interested in the recruiting for their own Schools. Some of our states are already beginning to form councils or committees for this work and are recruiting for *all* the accredited schools in their state. This may be all right if you are absolutely sure that all the accredited schools in your state meet with the best educational requirements, but I doubt if such conditions exist in many states. I do not believe campaigns of this kind can be successful, because I doubt if there is a thinking woman in our profession who will go out and urge keen young high school and college girls to enter the profession under the handicap of a poor inadequate training. If we are going to try to attract the finest type of young women, we must see that they get into good schools. If we have an organization strong enough, and if we can mobilize our own forces effectively, those training schools which are not really educational institutions and are not attempting to be, will either be starved out for lack of pupil nurses or else they

* 116 South Michigan Avenue, Chicago.

will raise their standards in order to be able to attract the better group of young women.

Types of Publicity.—We know we have been too quiet in the past. We have not carried out our nursing propaganda work with a sufficient amount of publicity. There are several kinds of publicity. Some of our best and biggest and finest pieces of work have had a certain amount of dignified publicity connected with them and it has not hurt them in the least. The publicity that we are going to carry on will take the form of lectures to different groups of people. The postal card which you have seen will be sent to all the young women having had high school or college education (or its equivalent) throughout the central states. When they write in to the Central Council for information on nursing as a profession, leaflets and literature on nursing will be sent to them. At present we are getting a pamphlet printed. Have any of you ever compared the catalogues from nurses training schools and those from clubs and schools and colleges? They are just as different as black from white. In the college and school catalogues you see the most attractive pictures—recreation, parks, playing and fun,—and in ours we show the style of buildings, and what the hospital board is doing. You can't expect young women to enter our training schools if we do not make them attractive and if we do not give them a proper knowledge about the training which they are going to get.

These pamphlets we are going to get out describing the opportunities in our training schools we hope will be very effective. We must portray our profession attractively and in a dignified manner, placing emphasis on the educational value of the training. In order to keep these pamphlets up to date we will have loose leaves for each hospital that enters the Council, prepared with our assistance, with pictures of its training school and a statement of its requirements. These will be put in the pamphlets that will be sent out for general distribution.

We know that we must have some way of bringing before mothers and fathers the real life of the students of our training schools. They have the most exaggerated ideas about what goes on there. Whose fault is it? It is our fault largely. When I was a pupil nurse my pet story when I went visiting was to tell how a D. T. patient chased me all around the ward. Pupil nurses do not realize what harm they are doing to the profession by such stories, but we must make them see that this kind of thing gives an entirely wrong impression about our schools, and that they can do more than anyone else to change this impression if they will only tell the true and fine things about their life and work in the hospital. If every pupil nurse could be inspired to send a postal card or write an encouraging letter to every

girl friend of hers who is of proper age to go into training school, it would help a great deal.

I am very much in favor of the moving picture as a means of bringing before the people some visual conception of what is actually being done in nursing. It would make a deeper impression than anything else. A good moving picture of nurses' training schools would have a powerful effect throughout the country. But it must be a *real* picture, not a fancy one. It must show the real life of the student nurse and do it in an artistic way.

There is one thing that we must get rid of, this bugbear of hard work and drudgery and over-fatigue that has become firmly associated in the public mind with schools for nurses. The only way to change that impression is to change conditions—not in one or two schools, but in all schools for nurses.

Financial Support.—Now all this publicity work is expensive. We are sending out thousands of leaflets, pictures and post cards into the Central States and we expect to get a number of replies. We are hoping to have each state organize its own forces, and to send members to the Central Council which will serve as a coördinating agency. People will be much more likely to join their own state organization than the Central Council. So we want to make a central organization, composed of state units, each state to be divided into Congressional Districts; in each Congressional District an active group of hospital board members, and nurses and others ready to recruit. We send into those Congressional Districts lecturers and all the assistance that we can give them. Public health nurses, hospital and private duty nurses prepare lectures that they give in their hospitals, or just suggestions for lectures. Then when we in our Central office receive a letter sent from a little place out in Wisconsin or Iowa, we will refer that young woman to her local committee and they will get in touch with her and we will get in touch with her, and in that way we hope to really get them into the hospital training schools.

The expense of this movement is borne by the hospitals which have joined the Council, and they of course, receive the greatest benefits from it. But we believe that it will also help in raising the whole standard of Nursing Education by informing the public so that it will be better able to discriminate between good and poor schools for nurses.

RECENT DEVELOPMENTS¹

The experience of five months shows a great need and desire for coöperative action on the part of hospital boards. The success, value,

¹ Written at the time of publication of this paper.

and future of the Council is now unquestioned. Recruits of exceptionally good calibre are applying in notably increasing numbers, as a result of the recruiting campaign. Hospital Boards are eager to join the Council and many hitherto indifferent or misinformed are setting their entrance requirements ahead to meet its standards. They are quick to respond to the eligibility committee's requests for better theoretical or practical instruction, better living conditions, shorter hours, affiliations and central schools.

There is no plan too remote or too ideal to be heartily discussed and studied at the Council meetings, which are well attended by large groups of hospital board members, superintendents, trustees, doctors, and nurses from all the twenty-one schools in the Council. The entire sentiment of the meetings is to increase efficiency and make nursing schools more desirable, to promote and raise, not lower, the standards of nursing education.

The type of publicity material used has been attractive and dignified, and as a result we have had an exceptionally intelligent type of young women applying to the schools for admission. Watch any magazine stand for a few hours and study the type that are attracted by and carry away the gaudily covered, cheaply prepared magazines, and the others that select the plain but more expensive stock. Publicity material must be prepared with two points in view, first to attract attention, secondly to interest the group that you want interested. Dancing manikins may sell chewing gum, but then there is nothing dignified about chewing gum. If we wish to place nursing on a par with education for women in other fields the publicity material used must be of the finest grade and most carefully prepared.

Attractive literature is easily sold even if expensive, while cheap stuff is hard to give away. The Council is struggling to keep enough literature in stock because so many demands come daily to buy it at prices which practically cover the expense of what we distribute free. Whether sold or given away, the value is the same for recruiting purposes, and possibilities are enlarged by reason of doubled receipts making doubled productiveness and distribution.

The Council has gathered about 50,000 names and addresses of young women who have graduated from high school in the seven states included in its territory: namely, Illinois, Indiana, Minnesota, Wisconsin, Missouri, Iowa and Kansas. These names were secured from responses to thirty-five hundred letters to high school principals, and ten thousand letters to ministers. To these young women was sent a personally addressed Nightingale card with a written message on each. In response to the cards hundreds of young women are receiving the bulletins, "Know the Joy of Service—Be a Nurse," with

inserts and pictures of the Schools which are members of the Council. To date, forty-five thousand Nightingale cards have been distributed, four thousand five hundred bulletins on nursing, one thousand leaflets, fifteen thousand circular letters about nursing, and five thousand personal letters.

A two-fold bulletin is at the printer's now, and will soon be sent out by individual hospitals to the young women whose names we have on hand. Those who are in touch with the work of the Council believe without question that a wave of sentiment for better nursing education has been started, that the best type of young women are learning about and are therefore becoming interested in nursing and that intelligent men and women are beginning to think of nursing as an educational problem.

NOTES ON NURSING EDUCATION

The number of students registered in the Department of Nursing and Health at Columbia University this summer is 192. They come from all sections of the country and this year there is an unusually large group from Canada. Among the Canadians are Miss Rayside, who was Matron in Chief of the Department of Militia and Defense in Canada during the war; Miss Shaw, who has been appointed director of the new nursing course which is being opened in McGill University, Montreal; Miss E. Kathleen Russell, who takes charge of the Public Health Nursing Course in Toronto University; and Miss Newcomb, who goes as instructor to Vancouver Hospital which is connected with British Columbia University. American nurses will watch this new development of university courses in Canada with great interest and will wish these pioneers the greatest success in their work.

Missouri nurses are planning a survey of Training Schools throughout the state and have been fortunate enough to secure the services of Sara E. Parsons, recently of the Massachusetts General Hospital, Boston, who will start the work October 1st. Oklahoma will join in this survey.

The publications of the Education Committee of the National League for Nursing Education will be transferred from Teachers College, where they have been handled for some years, to the new Nursing Headquarters at 156 Fifth Avenue, New York. These publications include the Standard Curriculum, Opportunities in the Field of Nursing, The Case for Shorter Hours, and several other pamphlets, as well as the lantern slides illustrating the Life of Florence Nightingale.

NEW TRAINING SCHOOL APPOINTMENTS

Mary Robinson, who has recently been connected with the Army Hospital at Fox Hills, Staten Island, has been appointed as superintendent of nurses of the Long Island College Hospital, Brooklyn.

Sally Johnson has resigned her position as superintendent of nurses at Albany Hospital, Albany, N. Y., to accept the position as superintendent of nurses of the Massachusetts General Hospital, Boston.

Helen Bridge has returned from Siberia where she was working with the Red Cross and has been appointed as Educational Director of the Illinois Training School, Chicago.

Laura Grant has accepted the position of superintendent of nurses at the City Hospital, Cleveland. Miss Grant was acting Inspector of Nursing Schools in California during 1918 and has been a student at Teachers College during the past year.

NOTICE POSTED BY A HEAD NURSE IN A CHINESE HOSPITAL

Hereafter everybody must be done finished his own work and do not always come to see the time slip for rest. If the students whose work is not finish or make wrong though he is off duty to rest I will call him back doing again. Then you do not grumble me.

Palestine's first medical journal, "Harefoosh," (Medicine) has just made its appearance, published by the Jewish Medical Association of Palestine. The journal is a quarterly and its first issue is dedicated to the memory of the Jewish physicians and nurses, who "lay down their lives in the years of upheaval in the Holy Land."

The objects of the medical association, as outlined in the quarterly, are to strengthen and coördinate the medical forces of the country and to collaborate with doctors outside Palestine; to give the medical work a national as well as a humane value; to prepare a native soil for Jewish scientists, and to help in the creation of the Hebrew University.

Medical work in Palestine has advanced rapidly during the past two years, stimulated by the American physicians and nurses with the American Zionist Medical Unit, who have taught the native members of the profession all the latest ideas in medical work and sanitation. Clinics are held by the American doctors, to demonstrate to the Palestinian doctors, the most modern methods, and lectures are given at regular intervals.

The hospitals and clinics established by the American Zionist Medical Unit in Palestine, are planned as the beginnings of the Medical College of the Hebrew University at Jerusalem, which Prof. Patrick Geddes, noted town planner of the University of Edinburgh, is designing.

DEPARTMENT OF RED CROSS NURSING

IN CHARGE OF

CLARA D. NOYES, R.N.

Director, Department of Nursing

PUBLIC HEALTH AND THE NURSE¹

BY LIVINGSTON FARRAND

Chairman Central Committee, American Red Cross

I feel a natural timidity in attempting to speak to a great group of this sort, made up of people who know their own business very much better than I possibly can know it; but I seized the opportunity with a certain eagerness in order, if for no other reason, to be able by simply being here to pay a tribute to the superb work and service which the nursing profession has given during these past years; and also to signalize what I regard as the absolutely critical, important role which the nursing profession is bound to play in the immediate future.

I intend to speak first regarding the general situation in which the world finds itself. That I cannot do to any extent, but I think we all must remember this: that while the armistice brought an end to active hostilities, the war and the results of the war are far from ended. What we see to-day is a world in a state of confusion, in a state of disaster, which those years of the war, even, could not approach. We see a world, and particularly a Europe, that is absolutely shattered from the point of view of vitality. We see a world that is disease ridden, that is riddled with epidemics, that is staggered with the results of those years of war and faced with the problem of rehabilitation in all departments, and without the strength to do it. The effecting and perhaps, in some ways, the compensating fact is this: that as a result we also see a world that has been shocked into a state of at least partial attention to the conditions. Now what does this mean? It means that every civilized country in the world is beginning to attend as it had never attended before to the problem of its health, to the problem of its vitality. And what is true of Europe is true of us Americans to a certain extent, even though we have not suffered in any way comparable to our European allies and former enemies. This means that the world has now, following the war, engaged itself in a veritable crusade against preventable disease in an effort to restore the vitality that has been destroyed by the war. It means further that it is high time that every thinking man and

¹ Address given at the joint Red Cross meeting, Atlanta, Ga., April 15, 1920.

woman in this country, that every citizen, that the nation as a whole takes stock of the present situation, that we consider most deeply and most carefully the means that may be at hand or may be devised to meet the problems presented by the present conditions.

What is the particular problem that is presented and what are the weapons that we can employ to meet the problem that we face?

I often think as we busy ourselves every day with the highly specialized tasks in which the most of us are engaged, that we do not sufficiently concern ourselves with the broader point of view, that we do not try hard enough to see how each one of the specialized agencies fits into the whole situation.

To illustrate by the medical profession—and I can speak with some frankness on that point—(the medical profession does not realize the revolution that is going on within its own ranks.) It does not as a body as yet perceive that the aim of modern medicine is a totally different thing from that of the medicine of twenty-five and still more of fifty years ago. It does not realize that the problem of medicine to-day is no longer primarily the cure of the sick, but is the prevention of disease. It does not, I think, see clearly that inevitable trend toward what, for lack of a better term, we call state medicine.

What does this mean? It means primarily, that from the experience of the last three decades, we have now realized that the responsibility for the protection of the public health, the responsibility for the protection of preventable disease is a public and official responsibility, and that recognition has very profound significance for the medical profession, and the certainty of the developments has never been more clear than during this last year that has followed the armistice. We are faced to-day in every part of the country, as in every country in Europe, with an absolute shortage of physicians; we are faced with a state of affairs where it is practically impossible, except in the larger centers of population, to procure adequate medical care. It means that there must be a development, there must be a method devised by which through coördination and concentration, the products of medical science can be placed at the disposal of the population, and a very large proportion of the population to-day cannot obtain that service.

In placing the responsibility for the protection of the public health upon the public authorities we have got to realize that that responsibility cannot be accepted and discharged unless the public authorities are backed by an educated and a soundly informed public opinion. We must recognize, as is always the case, particularly in a democracy such as our own, that the first steps and demonstrations in the attack on disease must be made by private initiative and by private organization.

We have seen our public health departments, so called, develop during the last fifty years by short steps, each step forward and usually brought about by some particular dramatic occurrence and emergency, perhaps through an epidemic of cholera that enabled a health department to get more power, to gain more fully the confidence of its community, in other words to take a step forward.

As this was going on we have seen spring up throughout this country individual movements directed against specific forms of preventable diseases, particularly such diseases as tuberculosis, under private auspices. The problems of infantile mortality, of child health and hygiene, and venereal disease have aroused universal interest. In other words, we have seen growing up throughout the United States a lot of scattered movements, each one excellent, each one directed as a rule by the soundest kind of advanced opinion, each one making a demonstration of method, each one pointed ultimately toward the turning over of the responsibilities to the public authorities.

We have now come to the point where as we are urging the assumption of responsibility by the authorities, we must concentrate this private effort, we must coördinate it and be ready to turn it over with an informed public opinion in such a way that the country can meet the situation which now confronts us.

Now why am I bringing that before you? Because it is the nursing profession which is the kernel of the entire situation. If there is one lesson that we have learned in the last thirty years it is that there can be no practical local campaign for the public health, no soundly conducted campaign of preventive medicine in any community, that does not center itself around the nurse, and so, whatever we are trying to do in this campaign for public health and the prevention of disease and the building up of national and international vitality—it all depends upon you. And if the problem, at the moment, is to provide additional nurses to meet the situation that we now face, then it is a duty of every agency interested to do what it can to see that that supply of nurses is produced. If the lack is inadequate provision for the training of nurses, then it is a public responsibility to see to it that the proper educational facilities are obtained and that the proper educational standards are laid down and arrived at. In other words, no success can be obtained without the nurse as the center factor in the practical application to community problems, of what the advance of medical knowledge has taught are the necessary steps to be taken in order to prevent preventable disease.

I am not going to talk about the part the Red Cross is trying to play in this situation. I only want to say this: that when following

the war the problem arose of determining what the general policy of the Red Cross should be in the situation in which this country found itself, whether it should demobilize completely, or hold itself ready to contribute what it could to the solution of our difficulties, when we had to decide whether or not the Red Cross as an organization should deflate to its pre-war basis, there was but one answer that could be given; it was that in the country's crisis, greater after the war than during the war, if the Red Cross could be of service, then the Red Cross was bound to be of service.

When we looked over the field, when we saw the economic and the social and the vital problems that were presented, it was perfectly obvious that the field in which the Red Cross could be of most service was in that of health and vitality. The problem which then presented itself was so to direct its effort that it should not confuse the situation, that is, should not hinder the operation or the activities of existing organizations, but should help them. In the field of public health nursing, the path of the Red Cross was reasonably clear, but there remained the general public and the part which it could play as represented by the general membership of the Red Cross in building up the health and vitality of the American people. There, as in most other instances of the sort, is a problem of the education of the public and the Red Cross organization proposes that it shall play its role in bringing the necessary education to the public in so far as it may be able; and in working out the plans, we are concentrating attention upon the community problem, no longer to be solved by methods and directions issued in military manner from headquarters at Washington, but by throwing the responsibility upon the community to determine how in each community that situation can be best met.

We have come to the conclusion that the greatest thing in the average American community to-day is the concentration of health effort in what may be known, for lack of a better term, as some sort of a health center. When we talk about a health center we mean an institution that may vary just as widely as there are communities in the United States. I am not going to outline that to-night, but I am going to repeat that there cannot be a successful health center that does not ultimately attach to it and does not base itself on the work of the nurse. And I come back to the point from which I started, that the Red Cross in its work for the upbuilding of American vitality, that every organization which is charged with the responsibility of guarding public health, all these groups come back in the last instance and base their work upon your profession.

DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF
EDNA L. FOLEY, R. N.

A VISIT TO A PSYCHOPATHIC COURT

The Psychopathic Department of Cook County Hospital, Chicago, holds a wonderfully interesting Court every Thursday. Outsiders are not generally admitted but we had the good fortune not to be considered "outsiders" recently and sat through an entire session. Only male cases were heard, women coming later in the afternoon.

In a small, well-ventilated, well-lighted room with three or four attractive pictures on the walls, the Judge, an intern who read the case histories, and two consulting alienists examined, tried or talked with each patient whose case was to be considered.

Before any patient is brought into the Court, he must have been at least three days in the hospital and if there is any question as to his mental or physical condition he is kept under observation longer. Each patient is given a chance to tell his own story and generally the sympathetic attitude of the Judge and the examining alienist persuades many of the patients to go willingly to state institutions for further care. Very little time is given to cases that are obviously and seriously mental, nevertheless if they are in any state to desire a hearing, they get it.

Judge Horner, who is in charge, is a singularly socialized member of the bar. He consulted the Social Service Department (Edna J. Wray, head worker) about every case that was brought in. Before any patient was committed, he questioned the wife or daughter or relatives closely to see who would care for the family if the patient had been the bread winner. When the relatives expressed a desire to see the patient, they were always allowed to go with him into a side office. If the patient had no local relatives, the Judge always asked if an attempt had been made to get in touch with relatives or friends living in other cities. Letters were shown from relatives living in four different states and a report was made in every case when letters had been written but had not been answered. As a rule the patient was heard first, then he was sent out and the relatives were heard. Occasionally they were heard together. In three instances the patient was in bed and in no condition to be brought to the Court. These patients the Judge saw in the wards later.

A special interpreter sat directly behind the Judge and one of the alienists, Doctor Davis, spoke English, German, Polish, Yiddish and Russian with apparently equal fluency.

The patients ranged from several old men of seventy to an attractive young boy of thirteen who was in his second year of high school when his first mental breakdown came. The most interesting case was a boy of seventeen who claimed that he had enlisted when thirteen, had seen two years' service in France, and had been gassed and wounded twice. He was apparently sane, his diagnosis being epilepsy, and stuck to his story although very carefully questioned by the Judge.

The whole atmosphere of the court room was one of friendly sympathy with unfortunate people. At least twenty cases were heard; nobody was hurried nor even spoken to sharply, and the court room was a refreshing contrast to others that we have witnessed. Perhaps there are similar courts elsewhere in the United States. They are certainly an improvement on the method of commitment of the insane after a trial by jury or even without any legal formalities whatsoever. The Judge's questioning of the witnesses brought out curious glimpses of human nature,—the old wife who wept bitterly and begged permission to fetch a clean shirt before her husband was sent to the county poor-farm; the young married daughter evidently worn out by the idiosyncracies of her old father and only too anxious to be rid of him; the very evident affection shown by an elderly mother and two brothers for their unfortunate younger brother, with whom commitment must be only a matter of time; by the Masonic Lodge brothers for one man very obviously a mental case; and by the old colored mother of the only colored patient tried. There is still a great deal of kindness and of cruelty in the world.

The Court is well worth visiting. Admission is only by request.

NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

Nurses throughout the country will learn with regret that Ella Phillips Crandall, our Executive Secretary, tendered her resignation to the Board of Directors on April 9, to take effect October 1. Miss Crandall's eight years of splendid service during the pioneer days of organized public health nursing have been of inestimable value to the cause and the good wishes of friends, both lay and professional, throughout the country, follow her in her new work.

Mary Lent, the Financial Secretary, has just completed an extensive and successful campaign for new members and funds in the State of Ohio. The Chairman of the Ways and Means Committee, Alexander M. White of New York, has suggested that the title of the committee be changed to "Friends of Public Health Nursing" and the change is already meeting with favor for the new name is so expressive of what we want our non-professional members to be. The

committee is planning to have sub-committees in every state, and Mrs. Chester Bolton of Cleveland, who has done so much for our organization in the past three years, has consented to be the chairman for Ohio. The N. O. P. H. N. is out for a 100 per cent membership of every public health nurse in the country. Application blanks may be obtained from the New York, Cleveland or Chicago offices.

The movie film, "An Equal Chance," is being kept busy making friends and converts to public health nursing wherever it is shown.

The Chicago office has just closed a most successful two weeks' institute held at Hull House, engineered by Elnora Thomson, Katharine Olmsted and Stella Fuller.

Fifty-five rural nurses passed on the records now adopted for rural public health nursing, published by Mead & Wheeler of Chicago, and prepared by Katharine Olmsted, our western secretary. They are being used by 260 rural nurses. The "family unit" folder is proving a great success.

For the present the new offices in Portland and Atlanta may not be opened. If our memberships come in as they should, another year may see them well under way.

TRIBUTE TO SOPHIA F. PALMER

The following resolutions were adopted by the San Francisco County Nurses' Association at a recent meeting:

Whereas, God in his inscrutable wisdom has called to Himself our beloved and honored fellow-nurse, Sophia F. Palmer, and

Whereas, The San Francisco County Nurses' Association desires to give some expression to the sense of the loss it has sustained in her passing, and

Whereas, We recognize that the name of Sophia F. Palmer ranks with those of Florence Nightingale, Isabel Hampton Robb, Isabel McIsaac and Jane A. Delano in the annals of the history of nursing, and

Whereas, We are proud to proclaim that she played an important part in the early life and history of our organization and of the *Pacific Coast Journal of Nursing*, and by her generously given, helpful advice and instruction, and by her sympathetic understanding of our needs, was a constant source of inspiration and encouragement to the pioneer nurses of the west,

Therefore be it resolved, That we, the San Francisco County Nurses' Association, do send a copy of these resolutions to her bereaved relatives and friends as an expression of our sincere sympathy;

And be it further resolved, That a copy of these resolutions be sent to the American Nurses' Association and the *AMERICAN JOURNAL OF NURSING* and be published in the *Pacific Coast Journal of Nursing*.

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

IN CHARGE OF

ALICE SHEPARD GILMAN, R. N.

THE STUDY OF ETHICS IN OUR SCHOOLS OF NURSING¹

In discussing the study of ethics, it seems wise to first define the term which, in its broadest sense, may be interpreted as "the ability to choose between right and wrong." There are all sorts of circumstances and conditions which control the motive for the act and it is an extremely difficult thing to lay down accurately the correct response for each situation which presents itself.

The code of ethics has been formulated and maintained by the character and individuality of the group in the broader social sense. Its origin began with the prehistoric people who were controlled solely by a brute force issuing from the individual possessing the stronger personality. Slowly it has developed into this code of social ethics which controls all civilized society of today.

The influences which have effected this growth may be first classified under the head of an ideal. From this beginning have evolved the religious ideal, the ideal in regard to self, and the ideal of democracy; these all being based upon the conception of a state which could best serve human development.

The ideal in regard to self applies itself most readily to ethics in the profession of nursing, as from it emerges the conception of a highly reflective life, its character and responsibility.

We might justly say that ethics is based upon the development of conscience, an established standard by which acts are judged. All individuals are responsible for the standards thus established, as their influence has acted more or less strongly upon the code of ideals.

In teaching nursing ethics we must first assume that the students have come into the nursing profession because they have an ideal and that they desire to give to humanity a service which is not in exchange for a mercenary compensation. No organization can flourish unless the individuals who compose it are loyal and steadfast to the code which it is striving to uphold, therefore we must get back of the etiquette of nursing which is being substituted for ethics in many of our schools of nursing today and teach the principle, as well as the application. The analysis of characteristics, such as personality, sympathy, patience, sincerity, loyalty, reliability, etc., must be carefully studied, and their particular application to the nursing profes-

¹Paper read at the annual meeting of the Canadian Nurses' Association, 1919.

sion made; giving emphasis to the necessity of inhibiting the undesirable, and developing the important characteristics which make for success, not only for the individual but for the profession as well.

This is the only way we are going to get a result that will carry out into the community and bear the fruits for which we are seeking. It is not sane to spend hours in teaching a lot of professional traditions of conduct to these alert minded young women unless we can make them realize why it is necessary to maintain the ideals which hold together the nursing profession, and inspire them with the desire to carry on after their diplomas have been granted them. The real result of the study of ethics shows itself at this time. If it has been real and alive, these women will reach out for better things and aspire to making ours the greatest profession on earth. This is not meant to convey the idea that the teaching of etiquette is unnecessary but simply that in itself it does not suffice. The motive must be developed which produces the real response, not one which is purely mechanical and superficial.

Unless we can develop permanently those instincts which tend to promote a better understanding of our obligations to society, it is more or less hopeless to scratch the surface; but with added education and an atmosphere which stimulates coöperation and emulation toward better things, we can develop in the student nurses something stronger than the temporary regard for certain rules and regulations placed around them during their hospital training.

Ethics must be lived every day, not taught in a course of eight hours. It is that intangible something which permeates the atmosphere and creeps into our individuality. Its expression is recognized in the life of the school body itself, and in the supervisors and graduates throughout the institution. It breathes of an ideal, an aspiration for better things and higher standards. To illustrate, the beds of the hospital should be well made, not because it is inspection day; the patients nails should be cleaned, not because the principal always looks at them; morning lunches in the wards with internes should be omitted, not because of fear of interruption from the administration but because the motive for the action is changed. Nurses who are truly ethical, do a thing or refrain from doing it, because in their hearts they appreciate personal responsibility for their service in life.

We shall not get the right results in our schools of nursing until we come to realize that the big ideal which creates a joy in dignified useful service must be awakened and fostered. The whole scheme must be constructive, and our judgments must be made after viewing situations from all sides.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

RAPID TEST FOR BUTTER FAT.—The Paris letter of the *Journal of the American Medical Association* describes a practical method for examining milk, especially that of wet nurses. A drop of milk is dropped on a piece of paper which is placed on a hairpin laid across an iron spoon. This is held in an alcohol, or gas flame, or over an oil lamp for from three to five minutes, or until the drop of milk has assumed a dark caramel tint, almost black. It will be seen that this spot is surrounded by a bulbous halo. The diameter of the halo is proportional to the butter fat contents of the milk. A drop of good human milk has a smaller halo than a drop of rich cow's milk.

BOTULISM FROM CANNED BEETS.—The death of five persons from eating canned beets is reported. The beets were not cooked on being taken from the can, but were served with a little vinegar poured over them. No offensive odor was detected when the can was opened. One patient lingered for five and another for six days. A woman who tasted the beets had severe symptoms and three, of the four children who ate a very little of them, had difficulty in swallowing and were prostrated.

SYMPTOMS OF CANCER OF THE BREAST.—It is stated in the *Medical Press* that the early stages of cancer of the breast present no symptoms. The accidental discovery of a lump in the breast is usually the first sign of danger. Pain is very rarely present at this stage. Dimpling of the skin of the breast over the tumor is never seen except over a malignant tumor, unless a benign tumor has become infected. A lump in the breast of a woman over thirty is a serious symptom.

FOOD DISLIKES AND DISEASES.—An article in the *Journal of the American Medical Association* urges that children be trained to eat simple and healthful food and not be allowed to develop a dislike for milk, eggs and green vegetables. A surprising number of sufferers from the diseases of middle life confess to food dislikes dating from childhood. They like the carbohydrates but refuse fresh meat and the above mentioned foods, thus existing on a deficient diet. The food dislikes of childhood resulting in an unbalanced diet explain many of the metabolic disorders of middle life.

ISOLATION OF PNEUMONIA PATIENTS.—The president of the American Pediatric Society says that evidence of the infectiousness

of pneumonia is not wanting. A case occurring amongst children who have measles should be promptly isolated. He believes that the day is not far distant when the retention of a case of pneumonia in an open ward will be as unusual as an open case of pulmonary tuberculosis.

DEPILATORIES.—The *Journal of the American Medical Association* in a synopsis of an article in a foreign contemporary says that the pumice stone method of removing superfluous hair is recommended. A woman who had had a disfiguring growth of hair for twenty years had the skin restored to normal color and texture. The region is rubbed for from two to ten minutes with a strong soap, leaving the lather on for from five to fifteen minutes. It is then washed off, the part dried, and the skin gently rubbed with a fine piece of pumice stone, the skin being drawn tight with the fingers of the other hand. It is then treated with a cooling salve. This is repeated the next evening with another part of the skin, each part receiving the application once in eight or ten days, or the finger dipped in pulverized pumice stone can be used.

TOO LATE FOR CLASSIFICATION

National.—THE SPANISH-AMERICAN WAR NURSES will hold their twentieth annual meeting at the Hotel Gibson, Cincinnati, O., September 28-30.

Colorado.—THE UNIVERSITY OF COLORADO and the Colorado Fuel and Iron Company will give a third four-months' course in Public Health Nursing, beginning September 20. The director is Loran D. Osborne, Boulder.

Illinois.—THE ILLINOIS STATE ASSOCIATION will hold its annual meeting at LaSalle, at the Kaskaskia Hotel, September 30-October 1.

Minnesota.—THE BOARD OF EXAMINERS OF NURSES will hold the examination on October 1 and 2, in the Mechanic Arts High School, Robert Street and Central Avenue, St. Paul. Margaret A. Crowl, Secretary, Old State Capitol, St. Paul.

Mississippi.—THE MISSISSIPPI STATE ASSOCIATION will hold its annual meeting on October 29 and 30, at Jackson. All nurses of the state are urged to be present.

Pennsylvania.—THE GRADUATE NURSES' ASSOCIATION OF THE STATE OF PENNSYLVANIA will hold its annual meeting in Erie, November 9-12.

Nurses everywhere are urged to answer the questionnaire published on page 868 of the July JOURNAL. Send replies to Mary C. Wheeler, 509 Honore Street, Chicago.

LETTERS TO THE EDITOR

The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer to ensure publication.

TWELVE HOUR DUTY FOR SPECIAL NURSES

Dear Editor: There seems to be considerable discussion on the Pacific Coast, as well as all over the United States, no doubt, in regard to twelve-hour duty in hospitals for the special nurse. It seems to me in these times, when in all professions, as well as in all lines of work for women, the hours on duty are considered before taking up a profession or trade, that the graduate nurse should not be the only woman who is exempt. As a hospital manager, I have tried to weigh the subject, and can only come to one conclusion. Take the hospital's side: We admit a patient for a certain amount a week for room, board and nursing. Should the patient need more than general care, a graduate special nurse is called, for whom the patient pays five dollars a day and the maintenance of the nurse in the hospital. Should not the hospital, in fairness to the patient and nurse, give as much service as the patient would receive on general care? At least ninety per cent of patients who require special nursing could go on general care for twelve hours. This arrangement gives the pupil nurse experience which each institution, which conducts a training school, wishes to provide for the students. It also gives the special nurse time for unbroken rest. She can return to the patient better fitted to give the care needed than if she has been up from one to a dozen times during the night. It is a small per cent of patients who must have constant care and watching. The nurse who has worked steadily for twelve hours should have her rest away from the patient so that she may return and give the care that the physician and patient require. If a patient is delirious, or so critically ill that he needs a nurse every minute, two should be in attendance, as the nurse is a human being the same as any one else and should be looked upon as such. The trained nurse is in greater demand to-day than at any time in the history of nursing. More people go to hospitals than ever before, but unless some consideration is shown the graduate nurse, fewer women will enter the profession that should hold the attention of the higher type of women. It is up to the hospitals to do their part. It is not unreasonable, but only humane to the nurse and a fair deal to the patient.

California

LAURA L. MITCHELL, R. N.

THE SYSTEM OF HOURLY NURSING

Dear Editor: In the *Journal* for the month of May, I read with great interest an article on "The System of Hourly Nursing." It seems to me that with publication this system of nursing could be worked out very satisfactorily to every one concerned. It would help to alleviate the great shortage of nurses, and also take care of the poorer classes, as by this system a patient could be cared for at the rate of about fourteen dollars a week. One nurse could care for five patients daily, receiving two dollars an hour, which would net her between fifty and seventy dollars a week. The nurse would have to create a demand for her services which would cause her to do her work to the best of her knowledge and ability. Therefore, by this arrangement, time would be saved, the shortage of nurses relieved, the cost to the patient lessened, the income of the nurse increased, and the really good nurses would be most in demand.

California

G. R.

VOCATIONAL TRAINING

Dear Editor: It has been suggested that if those nurses who are already taking vocational training under the Federal Board would write the *Journal*, it might be the means of interesting some of those nurses who are as yet unaware of the opportunities open to them through the government vocational plan, or who are carelessly neglecting them. Any nurse who finds herself unable to take up her profession where she left it, through disability of any sort, should consult, at her earliest opportunity, either the Red Cross Division Director of Nursing or the District Vocational Officer of the Federal Board. I can assure her that she will meet with the utmost courtesy and an earnestness on the part of the directors to do all in their power to assist and advise her along the most modern and constructive lines. She will find expert vocational advisers and, depending on her disability status and her physical and mental qualifications, a vast field of new opportunities. Among the many might be mentioned, dietetics, secretarial work, bacteriology, x-ray work, farming, poultry raising, horticulture, landscape gardening, bee raising and various phases of social service and public health work. It is, of course, the desire of the government and to the advantage of the individual, also, to select a vocation built as much as is consistently possible upon the groundwork of the past, but with practically any vocation to choose from, that is not at all difficult. There is another point in this connection with which nurses apparently are not familiar and that is the care and treatment to which they are entitled under the War Risk Insurance Board "for a disability or condition which may result in disability at a future time" acquired in line of duty. While suffering from such disabilities which preclude vocational training, a nurse is entitled to hospital care. Following recovery she is entitled to vocational training. There are different classes and grades of disabilities. They may be mental, nervous or physical. Let the medical experts in the Public Health Service determine that. Meanwhile do not delay. The government puts a time limit on this after-discharge care and it behooves the nurses who have acquainted themselves with the purposes of the government in this respect to pass the word on to those who know it not.

California

E. D. V.

HOW ONE SCHOOL HELPED THE MEMORIAL FUND

Dear Editor: At the recent nurses' convention in Atlanta, the sum of fifty dollars for the Memorial Fund was pledged from the training school of the Delaware Hospital, Wilmington, Delaware. When the pupils of the school heard that this had been pledged they at once set to work individually and collectively to earn the amount. We set apart the first twelve days in May to work for the fund. The end of the time allotted being the 12th of May, and the birthday of Florence Nightingale, the pupils had an evening "At Home," when the money was handed in and counted, and not only were they able to contribute three times the amount pledged, but they were able to start with one hundred dollars, a fund for the training school. After the excitement of counting all the pennies and dimes, a short paper was read on the life of Florence Nightingale, and the pupils were given half an hour to write a brief outline of what had been read. A prize was awarded for the best paper, refreshments served, and we felt an instructive and pleasant evening had been spent. The pupils are now busy preparing to present the Nightingale tableaux and the sum realized from the tableaux will

be added to the training school fund. The school has at present only thirty pupil nurses, so we feel their effort has been a most successful one.

Delaware

A. W. J.

STATE EXAMINATIONS

Dear Editor: I have just finished reading "State Examinations," by Grace H. Cameron in the May *Journal*. Perhaps the way my class prepared for the state board examination might be of some help to others. As soon as our superintendent finished reading her *Journal*, she laid it on the table in the nurses' reading room, where all had access to it. The whole senior class studied every list of questions published in it, no matter from what state. One pupil would read the list aloud; the others answering in turn. We answered off hand as many as we could, then looked up the others. If unable to find the meaning of a term, or anything definite relating to a subject, we cornered the doctor who was best fitted to tell us, and asked him. We never left any list until we were sure of more than just a mere passing grade. This was at the City Hospital of Huntington, W. Va.

Ohio

C. G.

(We greatly regret that we can no longer print lists of examination questions. However, they are not so much needed as in the past, in this form, as there are at least three excellent books published which serve the same purpose. Acting Ed.)

OLD COPIES OF THE JOURNAL

I.

Dear Editor: I have a number of copies of the *Journal*, 1918 and 1919, and all of 1920 from January to June, which I will sell for ten cents per copy. All are in good condition.

1038 Bergen Street, Brooklyn.

IRENE M. COOLIS, R. N.

II.

Dear Editor: I have copies of the *Journal* as follows: All of 1910; odd copies of 1908-1912, and of 1915-1918.

820 Forest Ave., Ann Arbor, Mich.

FANTINE PEMBERTON.

III.

Dear Editor: I have a complete set of the American *Journal of Nursing* in excellent condition which I wish might be put to some use. I had hoped some call would come for the complete sets.

Haverhill, Mass.

MAUDE L. WIGGEN.

IV.

Dear Editor: I have for disposal by sale these issues of the *JOURNAL*: complete volumes of XI, XII, XIII and XVIII; volume XVI excluding No. 6; volume XIV excluding Nos. 5 and 9; volume XV excluding Nos. 2 and 9.

County Nurse, Leon Decatur Co., Iowa.

AGNES SWIFT.

NURSING NEWS AND ANNOUNCEMENTS

NATIONAL

THE AMERICAN NURSES' ASSOCIATION

The vacancy on the board of directors, caused by the resignation of Anna C. Jammé, has been filled by the appointment, by the president, of Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. All state associations are urged to finish the work of reorganization as promptly as possible, in order that it may be completed by February, 1921, the time limit adopted by vote of the delegates at Atlanta. Revision committees in state and district associations should go over all district and alumnae by-laws to make sure that they conform to the requirements of the national and state by-laws. At each state meeting, a definite report of progress should be made, in order that the association may know what is incomplete and proceed with the work. The chairman of the Revision Committee would be glad to be of service, as in the past, to any needing help. (Sarah E. Sly, Birmingham, Mich.)

KATHARINE DEWITT, *Secretary.*

NURSES' RELIEF FUND, REPORT FOR JULY, 1920

Receipts

Previously acknowledged	\$ 4,646.10
Interest on bonds	168.62
California State Nurses' Association, Mrs. Janette Peterson, chairman...	194.80
Connecticut: two individuals	3.00
Delaware: individual members of State Association, \$21; Homeopathic Hospital Alumnae, Wilmington, \$25	46.00
Illinois: two individuals	16.10
Kansas: State Nurses' Association	16.00
Kentucky: individual members State Association	27.00
Maine: one individual	5.00
Michigan: Homeopathic Hospital Alumnae, Ann Arbor	50.00
Minnesota: State Nurses' Association	9.00
New York: Brooklyn Homeopathic Alumnae, \$8; Hahnemann Hospital Alumnae New York, \$100	108.00
Ohio: one individual	2.00
Pennsylvania: Alumnae University Graduate School of Medicine	25.00
Washington: State Association	240.00
Honduras: Mrs. Leona Moody	5.00

In Memory of Sophia F. Palmer:

New York Counties' Association, New York	\$ 20.00
Genesee Valley Nurses' Association, Rochester	15.00
Hahnemann Hospital Alumnae, Rochester	10.00
St. Mary's Hospital Alumnae, Rochester	10.00
J. Jones, Rochester	25.00
Ada Moiley, Rochester	1.00
	81.00

\$5,632.62

A Correction.—In the Relief Fund Report, published in the August *Journal*, the amount of \$17, credited to the Western District Association, Maine, should

have been credited to the Alumnae Association of the Maine General Hospital, from thirteen individuals.

Disbursements

Sent to applicants	\$ 220.00	
Administration of fund	10.00	
Exchange on checks	20	
		230.20
		\$ 5,402.42
Invested funds		26,200.00
Total		\$31,602.42

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, R.N., Treasurer, 14 East 50th Street, and the cheques made payable to the Farmers Loan and Trust Company, New York City. For information address E. E. Golding, chairman, 317 West 45th Street, New York City.

M. LOUISE TWISS, *Treasurer*.

MEMORIAL FUND FOR THE NIGHTINGALE SCHOOL, BORDEAUX, FRANCE

(Contributions received up to August 15, 1920)

Previously acknowledged.....	\$44,567.15	Massachusetts	155.00
(Also 240 francs)		North Dakota	37.00
Arkansas	20.50	New Jersey	12.00
California	10.00	New York	475.00
Colorado	5.00	Ohio	25.00
District of Columbia.....	5.00	Pennsylvania	37.00
Florida	11.00	Texas	152.75
Illinois	5.00	Virginia	68.00
Indiana	120.50	Wisconsin	150.60
Iowa	30.05		
Kansas	19.00		\$45,919.55
Kentucky	14.00		

ARMY NURSE CORPS

During the month of July the following named chief nurses were transferred to the stations indicated: Miriam Cleghorn to Fort Logan, Colo., Grace E. Hill to Camp Knox, Ky., E. Valine Messner to the Philippine Department, Jane G. Molloy to Fort Thomas, Ky., Elida E. Raffensperger to Aberdeen Proving Ground, Md., and Alice A. Rowe to Brownsville, Tex.

The following named nurses were transferred from the Reserve to the Regular Corps: Annie G. Fox, Kathryn R. Jones, Laura L. Jones, Agnes A. Resch and Catherine Wick.

VICTORY MEDAL APPLICATIONS

Former members of the Army Nurse Corps, either Reserves or Regulars, are notified that if they will write to the Office of the Surgeon General of the Army, Washington, D. C., for their Victory Medal applications, the blanks filled out from their records in the office of the Army Nurse Corps will be prepared and

forwarded for their signatures. Since the preparation of these blanks has proved to be such a difficult matter and has created the necessity for so many corrections and so much needless correspondence, it has been found that the method suggested,—that of having them prepared in the office of the Army Nurse Corps and sent to the nurses for their signatures—is the only one that has produced satisfactory results. For this reason application forms for nurses can not be sent through Red Cross Chapters, Posts of the American Legion, and other organizations which have been asking for the forms in large numbers to be distributed by them to nurses. Many hundred application blanks have already been completed, approved, and forwarded to the supply depot in Philadelphia, from which the medals are issued. It is urged that all former members of the Army Nurse Corps who have not yet applied, do so as soon as possible in order that the great amount of labor entailed in the preparation of 21,400 blanks may not be stretched over too many months.

RANK

As this report is being written, we are notified that the regulations determining the "rights and privileges" conferred by the provision for relative rank for members of the Army Nurse Corps in the Army Reorganization Bill have been signed. A copy of the order has not yet been received, but we are notified that it contains the authorization for the use of insignia as worn by commissioned officers of the corresponding grades, that nurses will salute and be saluted in the same manner and under the same conditions as those prescribed for commissioned officers, that the titles corresponding to the relative rank will be used in all reports and other official documents in the same manner as is prescribed in the cases of commissioned officers; in general, that nurses will be accorded the precedence indicated by their relative rank, and the same protection and respect in their positions as are given commissioned officers, and the same obedience from enlisted men and patients in and about military hospitals. They are also entitled to all personal privileges and perquisites not specifically denied them, as go with commissioned rank and are customarily enjoyed by commissioned officers. It is hoped that the full text of the order can be printed in the next issue of the Journal. The relative rank conferred upon nurses does not alter the existing methods of their appointment, assignments to duty, transfer, separation from service, and general control, nor the character of the duties now required of them. Neither does it affect their pay.

JULIA C. STIMSON,

Superintendent, Army Nurse Corps, and Dean, Army School of Nursing.

THE NAVY NURSE CORPS

The following nurses, U. S. N., have been appointed and assigned at the Naval Hospital at the station indicated: Lillian May Adams, from Reserve to Quantico; Louise Miller, from Providence, R. I., to Newport; Martha Schmidt and Mabel W. Van Kirk, from U. S. N. R. F. to League Island; Viola M. Visel, from New Haven, Conn., to Great Lakes; Rebecca A. Welch, from Anna, Texas, to Fort Lyon; Ada L. Wood, from U. S. N. R. F. to Canacao.

The following Reserve Nurses have been appointed and assigned to the Naval Hospital at the Station indicated: Blanche Allen, from Fort Worth, Texas, to Washington; Helen Biggert, from Chicago, Ill., to New York; Allie E. Butler, from U. S. N. R. F. to Mare Island; Josephine Corbett, from U. S. N. R. F. to Chelsea; Lulu L. Cronkhite, from Chicago, Ill., and Anna M. Fallamal, from

U. S. N. R. F. to New York; Anna W. Gray, from U. S. N. R. F. to Chelsea; Margaret W. Hall, from New York to Hampton Roads; Helen J. Lord, from U. S. N. R. F. to Chelsea; Mandy C. Melcum to Puget Sound; Edith Mae Potter, from Philadelphia, Pa., to New York; Ethel M. Redden, from U. S. N. R. F. to Newport; Janet Redfearns, from Fall River, Mass., to Portsmouth; Josephine T. Ryan, from New York to Hampton Roads; Mary E. Swarr, from Prescott, Arizona, to San Diego; Allene M. Templeton, from Clinton, S. C., to Charleston; Alice M. Wells to Washington.

The following nurses have been transferred: J. Beatrice Bowman, (Chief Nurse), from Fort Lyon to U. S. S. Relief; Mary V. Hamlin, (Chief Nurse) from Washington Dispensary to Philadelphia Navy Yard Dispensary; Myn M. Hoffman, (Chief Nurse) from Great Lakes to Fort Lyon; Susan Roller, (Chief Nurse) from Pensacola to Hampton Roads; DeLyla G. Thorne, (chief Nurse) from Annapolis Dispensary to Pensacola; Hannah M. Workman, (Chief Nurse) from New York to St. Thomas, V. I.; Lillie M. Anderson, from New York to Pensacola; Marie L. Anton, from Mare Island to Washington; M. Nirvinia Bailey, from Quantico, to Pensacola; Marien A. Beseman, from Norfolk to Great Lakes; Nellie O. Boothby, from Mare Island to Guam; Annie Bovaird, from New York to Mare Island; Ida E. Brooks, from Key West to Washington; Marion Chase, from St. Thomas to New York; Ada Chew, from Mare Island to Hospital Corps Training School, San Francisco; Harriet A. Chism, from New York to St. Thomas; Ruth Elgin Cleaver, from Great Lakes to Guam; Emily Jane Craney, from Mare Island to Fort Lyon; Annie DeLancy, from Washington to Paris Island; Bertha B. Devitt, from New York to Washington; Agnes Distler, from Mare Island to Guam; Honora Drew, from New York to Pensacola; Eva R. Dunlap, (Chief Nurse) from League Island to Washington; Mary B. Gainey, from Washington to Key West; Margaret F. Haggerty, from Quantico to Washington Dispensary; Ida L. Hodge, from New York to St. Thomas; Mathilda E. Hume, from Mare Island to Guam; Mary O. Hutchinson, from Fort Lyon to Great Lakes; Nell Kelly, from Pensacola to Washington; Edith V. Kiester, from Annapolis to New York; Irene M. Lannon, from Fort Lyon to League Island; Louise C. Ling, from Guam to Canacao; Delia B. Mead, from Great Lakes to Mare Island; Margaret A. Morris, from Washington to Key West; Mary P. Nichols, from New York to Paris Island; Olive Riley, from Annapolis to League Island; E. May Sartin, from Canacao to Mare Island; Marie Sennett, from Chelsea to New port Hospital Corps Training School; Florence M. Skinner, from Charleston to Washington; Anna P. Smith, from Great Lakes to Fort Lyon; Mabel W. Van Kirk, from League Island to Key West, Fla.; Beulah M. Waggoner, from Great Lakes to Gulfport; Rosa Clifton Wertz, from Key West to League Island; Margaret M. Welsh, from San Diego to Mare Island; Lottie G. Williamson, from Charleston to Washington; Ada L. Wood, from Canacao to Mare Island.

The following nurse has been transferred from an inactive status to duty status: Anne Gemkow, from Knoxville, Pa., to Great Lakes.

The following nurses have been promoted to the grade of Chief Nurse: Eva R. Dunlap, Washington, D. C.; Mary V. Hamlin, Washington Dispensary.

HONORABLE DISCHARGES

Mabelle Bissell and Minnette Butler, Portsmouth, N. H.; Margaret J. Hickey, Great Lakes; Ella E. Hoppe, Mare Island; Mabel E. D. Hyatt, Portsmouth, N. H.; Marcella P. Souther, League Island, Pa.

The following Dietitians have been appointed and assigned to duty at the following stations: Ella M. Mathewson, Bristol, Vermont, to Fort Lyon, Colo.; Mary C. Murphy, New York, to Norfolk, Va.

LENAH S. HIGBEE,

Superintendent, Navy Nurse Corps.

U. S. PUBLIC HEALTH SERVICE NURSE CORPS

Promotions and Resignations: Susan McKenzie, promoted to Chief Nurse, East Norfolk, Mass., vice Mrs. Aucoin, resigned. Margaret Reamy, promoted from staff nurse to Asst. Chief Nurse, Chicago, No. 30. Mary McManaman, promoted from staff nurse to Asst. Chief Nurse, Chicago, No. 30. Lulu Wolfe, promoted from Head Nurse to Asst. Chief Nurse, Dansville, N. Y.

Ft. McHenry, Baltimore, Md., (general), and Ft. Bayard, N. M., (tuberculosis) have recently been opened, and psychiatric hospitals at Knoxville, Iowa, and New Orleans, La., will be opened within the next month.

LUCY MINNEGERODE,

Superintendent of Nurses, U. S. P. H. S.

THE MISSISSIPPI VALLEY CONFERENCE ON TUBERCULOSIS will hold its eighth annual meeting in Duluth, Minn., September 2-4. The Nurses' Association, District No. 2 is planning to entertain visiting nurses.

THE AMERICAN PUBLIC HEALTH ASSOCIATION is meeting in San Francisco, August 30-September 13.

THE NATIONAL ASSOCIATION FOR THE PROMOTION OF OCCUPATIONAL THERAPY will meet in Philadelphia, September 13.

ARKANSAS.—THE ARKANSAS STATE BOARD OF NURSE EXAMINERS will hold its semi-annual meeting for examining and registering nurses at the State Capitol, Little Rock, October 27 and 28. Sister Bernard, Secretary, St. Vincent's Infirmary, Little Rock.

ARIZONA.—THE ARIZONA STATE NURSES' ASSOCIATION will hold its annual meeting October 20-22. The Association hopes to introduce in the legislature two bills, one for registration and another for inspection and standardization of training schools. Gila County Graduate Nurses' Association, District No. 4 was organized July 8th with headquarters at Globe, with the following officers: President, Lonsia Perritt; secretary, Ray Higgins; treasurer, Mrs. Brand. Meetings will be held the first Thursday of each month. Bertha C. Rowe is doing public health survey work.

CALIFORNIA: San Francisco.—THE BOARD OF HEALTH in asking for an appropriation for the next year has recommended an increase in the pay of nurses from \$70 to \$90 a month with room and board. The PUBLIC HEALTH CENTER OF ALAMEDA COUNTY is proving its usefulness, as is shown by the greatly increasing number of patients. The eye, ear, nose and throat clinic is particularly busy, as is, also, the dental clinic.

CANADA: Nova Scotia.—THE PROVINCIAL BRANCH OF THE RED CROSS SOCIETY OF CANADA, in fulfillment of its share of the Peace Time Program of the Red Cross, has sent out two public health caravans, to tour the province. Each caravan is equipped with educational moving pictures and lantern slides. The personnel consists of six doctors, a dentist and a corps of nurses. Ontario: Guelph.—Anne Forgie, graduate of Rochester General Hospital, who has been Superintendent of the General Hospital during the past few years, has resigned because of ill health. She is succeeded by Mary Stewart, graduate of Toronto General

Hospital, who was for some years Superintendent of the Henrotin Memorial Hospital, Chicago.

Connecticut: Hartford.—ST. FRANCIS HOSPITAL recently received about \$540,000.00 from an extension fund campaign. Work has been commenced on the extension which, when completed, will allow an additional 175 beds. The hospital can then accommodate 500 patients.

District of Columbia: AGNES G. DEANE, who has been assistant to the director of the Department of Nursing, American Red Cross, has resigned and has been taking a summer course in public health nursing at Teachers College, New York. She is succeeded by Ida F. Butler of Hartford, Conn.

Georgia: Griffin.—MYRNA B. WILLIAMS has become Superintendent of the Griffin Hospital. Mrs. Williams was formerly president of the Wyoming State Nurses' Association.

Illinois: Chicago.—THE PRESBYTERIAN HOSPITAL TRAINING SCHOOL has received \$750 from graduate and student nurses toward the Memorial Fund, \$45 being contributed as individual donations.

Indiana: Evansville.—CORA ALLEN, class of 1917, St. Mary's Hospital, will sail this fall for Swaziland, South Africa, as a missionary nurse. Miss Allen's work is to be among the natives in house to house visitation.

Iowa: Des Moines.—THE BOARD OF DIRECTORS OF THE IOWA STATE ASSOCIATION met during the Biennial of the Federation of Women's Clubs. Elnora Thompson and Miss Olmstead of Chicago were present. THE IOWA STATE BOARD OF HEALTH at its annual meeting in July instructed the nurse members of the examining committee to visit every school of nursing in the state. These visits are to be completed by December 31, if possible. THE MISSISSIPPI VALLEY TUBERCULOSIS ASSOCIATION CONFERENCE to be held in Duluth in September will be well attended by Iowa nurses. Anna Drake has charge of the nursing department. One hundred eight nurses tried state board examinations at the Capitol Building, July 29 and 30. All nurses are much interested in the County Fair exhibits, Chautauqua Health Tents, and Clinics being held throughout the state this month. Lake Okechobi.—THE NURSES' COUNCIL under the Y. W. C. A. held meetings August 7-14. Council Bluffs.—DISTRICT No. 9 held a meeting on July 10; salaries of private duty nurses were discussed. Plans were made for a public health section at each meeting. Creston.—Jean McIntosh, University of Michigan, began her duties as Superintendent of the Greater Community Hospital, August 1. Loom.—Agnes Swift of Washington has accepted the position of Red Cross County Public Health Nurse for Decatur County. Fairfield.—DISTRICT No. 2 will hold a meeting September 25. Hospital Unit "E" held a reunion at Chautauqua Park, August 27-30.

Kansas: Kansas City.—THE KANSAS CITY GRADUATE NURSES' ASSOCIATION has the following program September 1, Y. W. C. A. program with Mrs. William P. Borland as speaker; October 6, Social Service program with Mrs. Bessie Brigham as speaker; November 3, Report from State Meeting; December 1, Holiday program; January, Private Duty Section with paper by Dorothy Williams; February, Annual meeting.

Maine.—THE STATE OF MAINE BOARD OF EXAMINATION AND REGISTRATION OF NURSES will hold an examination for applicants for registration October 20 and 21, at the State House, Augusta. Applications should be filed fifteen days previous to date of examination with the secretary, R. A. Metcalfe, Central Maine General Hospital, Lewiston.

Maryland.—THE MARYLAND STATE BOARD OF EXAMINERS OF NURSES will hold an examination for State registration during the first week in October. All applications must be filed before September 20 with the secretary, Mary Cary Packard, 1211 Cathedral Street, Baltimore.

Massachusetts.—THE BOARD OF REGISTRATION OF NURSES will hold an examination for applicants for registration October 13 and 14. Applications must be filed at least 7 days before examination date with the secretary, Walter P. Bowers, State House. **Boston.**—Sara E. Parsons, after ten years service as Superintendent of Nurses of the Massachusetts General Hospital, has resigned to the regret of her many friends; and as a change of occupation will make a survey of the nursing resources in the State of Missouri. Her resignation takes effect October 1, and she will be succeeded by Sally Johnson, formerly Superintendent of Nurses, Albany Hospital, Albany, N. Y. Supervising nurses of the Instructive District Nursing Association gave a luncheon for Mrs. Mary F. Whitelaw, who has been granted a year's leave of absence, which she will spend in Scotland. Mrs. Whitelaw is a graduate of Sheffield Union Hospital, Sheffield, England, and is the pioneer maternity nurse of the Instructive Association. THE NEW ENGLAND DIVISION OF THE RED CROSS has started a campaign to recruit nurses, in response to a request from the surgeon-general of the Federal Public Health Department.

Michigan.—THE MICHIGAN STATE BOARD OF REGISTRATION OF NURSES will hold examinations at the Capitol, Lansing, October 5 and 6. THE MICHIGAN STATE LEAGUE OF NURSING EDUCATION arranged an Instructors' Institute during July which proved very interesting and instructive. Classes were conducted in anatomy, chemistry, materia medica and other subjects, and clinics were held by the faculty of the University of Michigan. **Lansing.**—A branch of the W. Y. C. A. has been formed within the training school of the University of Michigan and an athletic association has been organized by the student body.

Mississippi. **Natchez.**—THE NATCHEZ SANATORIUM held graduating exercises recently for the three graduates of the class of 1920. Dr. Beekman, president of the sanatorium gave the address.

Missouri.—THE MISSOURI STATE NURSES' ASSOCIATION will hold its fifteenth annual meeting at the Hotel Baltimore, Kansas City, October 20-22.

Nebraska.—THE NEBRASKA STATE NURSES' ASSOCIATION will hold its annual meeting October 19 and 20. **Grand Island.**—DISTRICT NO. 1 OF THE NEBRASKA STATE ASSOCIATION OF GRADUATE NURSES held a picnic on July 15th at "The Cedars," which is being used as a country home for the nurses of the Grand Island General Hospital. A delegate will be sent to the State Convention in October with instructions to invite the State Association to hold its meeting in Grand Island in 1921.

New Hampshire.—THE GRADUATE NURSES' ASSOCIATION at its last meeting elected the following officers: President, Ida F. Shepard, Mary Hitchcock Hospital, Hanover, (re-elected); secretary, Nora McQuade, 368 Lowell Street, Manchester. Mrs. Susie McIntire is president of the examining board.

New Jersey.—THE NEW JERSEY CHILD HYGIENE BUREAU has opened two new stations, one located at Lambertville, and one at Frenchtown. The latter is to be the center of work which will include Milford and Stockton. The program will include School Hygiene work. The Bureau is making an effort to secure the services of the mail carrier's car that the nurse may make her rural visits satisfactorily. A social worker has been appointed under the Division of Related Family Problems, who will work under the direction of the Camden Board of Health.

New York: Saranac Lake.—THE GRADUATE NURSES' ASSOCIATION DISTRICT No. 8, met on August 3 at which time a committee was appointed to consider the purchase of a motor ambulance to be presented to Saranac Lake Tuberculosis Society. Dr. Beatty Brown gave a talk on the anatomy and physiology of the ear. **New York.**—THE NEW YORK COUNTIES REGISTERED NURSES' ASSOCIATION will hold its next meeting at Central Club for Nurses, October 5. THE ALUMNAE ASSOCIATION OF THE NEW YORK HOSPITAL SCHOOL FOR NURSES has voted to give the sum of \$1,000 to the Club House to be used for its necessary furnishings, the sum to be paid in yearly installments of \$200 for five succeeding years. Amy Holmes has been obliged to resign her office as president, due to her appointment as superintendent of the Hartford Orphan Asylum, Hartford, Conn. She is succeeded by R. Lee Cromwell. Esther J. Love, class of 1919, has resigned her position at the Miami Valley Hospital, Dayton, Ohio, and is going to Hope Hospital, Hwai Yuen, China. **Rochester.**—Florence E. Nesbitt, class 1919, Homeopathic Hospital, has accepted a position as night supervisor of the Batavia City Hospital.

Ohio: Cleveland.—THE ALUMNAE OF ST. JOHN'S HOSPITAL gave a dinner dance, July 8, at the Cleveland Nursing Center, in honor of the class of 1920, which will graduate September 8. The following Saturday Miss Slaman entertained the class at dinner at her home in Lakewood, and on July 29, the members of the class were the guests of their president, Helen Wagener.

Oregon.—THE STATE GRADUATE NURSES' ASSOCIATION held a Florence Nightingale centennial memorial in Portland, May 19. There was special music and the film, "In the Footsteps of Florence Nightingale," was shown. Mrs. Marianne White Knight, who as a little girl visited the home of Florence Nightingale, was the guest of honor. Mrs. Knight, having heard Miss Nightingale relate her Crimean experiences, determined to devote herself to the care of the sick. After training and working among the lower classes in England, she came to the United States and did pioneer work in the mining camps. THE STATE ASSOCIATION has the following officers: President, Grace Phelps, 301 Platt Building; secretary, Martha Randall, Woman's Protective Division, Bureau of Public Safety, Second and Oak Streets. THE OREGON PUBLIC HEALTH NURSES' ASSOCIATION was organized July 2, with the following officers: President, Cecil L. Schreyer; vice-presidents, Margaret Brans and Charlotte Walker; secretary-treasurer, Althea Stoneman. Industrial, school, tuberculosis and child welfare nursing were the general topics taken up. Dr. E. A. Peterson gave a talk on Health Centers. The Conference proved very successful and stimulating.

Pennsylvania: Hamburg.—Ella E. Reed, head nurse in the HAMBURG STATE SANATORIUM FOR TUBERCULOSIS, has resigned and has accepted the position of superintendent of nurses in the John Sealy Hospital, Galveston, Texas. **German-town.**—THE GERMANTOWN HOSPITAL held graduating exercises for nineteen graduates May 27. A reception followed in the nurses' home. The Alumnae Association gave a reception for the class May 19.

South Carolina: Columbia.—THE COLUMBIA HOSPITAL is using a small number of white men as attendants. They are men who have had hospital work while in the army, and who are anxious to get more training.

South Dakota: Vermillion.—THE UNIVERSITY OF SOUTH DAKOTA is offering a six months' course in public health nursing including the following subjects: Principles of Public Health Nursing; Hygiene, Sanitation and Preventive Medicine in Nursing; Sociology; Introduction to Social Work; Psychology; Mental Hygiene; Infant and Child Hygiene; Child Study, and Nutrition. Margaret M. Hughes,

Vermillion, is director of the course. The first session extends from September 29, 1920, to March 26, 1921, and the second session extends from January 24, 1921, to June 25, 1921. THE PUBLIC HEALTH NURSES held a conference in Madison, July 19-23. Some of the addresses and speakers were as follows: Rural Social Service, Ora Kelley; Diet for School Children, Loretta McElmurry; Child Psychology, Prof. E. A. Bixler; Personal Efficiency, Mr. E. J. Llewellyn; Home Hygiene, Alice Wattles; The Communities' Part in Public Health, Mrs. Agnes Holdridge and June Emery; State Organization Work, Mrs. Elizabeth Dryborough; Coöperation between Public Health and Public Schools, Mr. Fred L. Shaw; Control of Sanitary Questions and Contagious Diseases, Dr. J. P. P. Hallingsworth; Dentistry and the Schools, Dr. G. R. Lanning and Dr. W. A. Rothschild; New Phases of Public Health Work, Mr. Arthur J. Strawsoh; The National Official Plans for the Control and Care of Tuberculosis, Mary E. Marshall, National Tuberculosis Association, New York. Merlin Wilkin of Lake County, had general supervision of the conference. It was agreed that the conference be held annually and be continued along broader lines including the schools, and that it should be under the supervision of the State Department of Public Health Nursing. The Lake County Community and School Nurses' Association entertained with a boat ride and supper at Lake Madison.

Texas: Galveston.—Martha S. Eakins has resigned her position as Superintendent of Nurses, John Sealy Hospital.

Washington:—THE WASHINGTON STATE GRADUATE NURSES' ASSOCIATION at its annual meeting held in Yakima elected the following officers: President, Mrs. Jeannette M. Sigerson, Deaconess Hospital, Wenatchee; vice-president, Ethel H. Butts; secretary, Anna Buman, 612 Orondo Ave., Wenatchee; treasurer, Etta B. Cummings. Each nurse present pledged one day's pay toward the Nurses' Relief Fund. The next annual meeting will be held in Wenatchee, May, 1921.

West Virginia:—THE WEST VIRGINIA STATE NURSES' ASSOCIATION will hold its annual meeting in Elkins, September 1-3.

Wisconsin:—THE WISCONSIN STATE NURSES' ASSOCIATION will hold its annual meeting in Wausau, October 5-7.

BIRTHS

On July 12, in Detroit, triplets (daughters), to Mr. and Mrs. Fleckinger. Mrs. Fleckinger was Edna Eastwood, class of 1915, Grace Hospital, Detroit.

On July 14, a son, to Dr. and Mrs. Walter B. Lavelle. Mrs. Lavelle was Lillian McCloud, class of 1910, Presbyterian Hospital, Philadelphia.

On March 20, a son, to Mr. and Mrs. John M. Thuss. Mrs. Thuss was Gertrude R. Passmore, class of 1915, Kensington Hospital for Women, Philadelphia.

On May 7, a son, to Mr. and Mrs. Frederick T. Lau. Mrs. Lau was Amy Laefe, class of 1914, New York Hospital School for Nurses.

On May 21, a son, to Mr. and Mrs. David Hallock. Mrs. Hallock was Doris Phillips, class of 1917, New York Hospital School for Nurses.

On June 5, a son, to Dr. and Mrs. Gerald Griffith. Mrs. Griffith was Evelyn Millette, class of 1917, New York Hospital School for Nurses.

On June 9, a son, to Dr. and Mrs. M. E. Marsland. Mrs. Marsland was Alice Lyster, class of 1918, New York Hospital School for Nurses.

On June 17, a son, John Naylor, to Dr. and Mrs. William B. Swartley. Mrs. Swartley was Marian Naylor, class of 1919, Germantown Hospital.

Recently, a daughter, to Dr. and Mrs. Arthur Stuart Hubachwern. Mrs. Hubachwern was Eleanor Dunphy, class of 1918, Buffalo Hospital of the Sisters of Charity.

On July 27, a son, Frederick, Jr., to Dr. and Mrs. F. E. Wrightman. Mrs. Wrightman was Rosina G. Tinsley, class of 1917, Pittston Hospital, Pittston, Pa.

Recently, a son, to Dr. and Mrs. Robert Moore. Mrs. Moore was Eva Van Dyke, a graduate of Ottumwa Hospital, Ottumwa, Iowa.

On June 26, in Fair Lawn, N. J., a daughter, Doris, to Mr. and Mrs. George H. Peterson. Mrs. Peterson was S. Euterpe Fairhurst, class of 1906, Post Graduate Hospital, New York.

MARRIAGES

On June 26, in Montreal, Quebec, Eleanor M. MacVicar, class of 1912, Mercy Hospital, Chicago, to Arthur C. Williamson. Mr. and Mrs. Williamson will live in Second Falls, New Brunswick, Canada. Miss MacVicar was for three years Assistant Superintendent of Nurses, Evanston Hospital, Evanston, Ill.

On July 29, Anna Almeda Church, class of 1919, Rochester Homeopathic Hospital, to Wendell Thomas Applebee. Mr. and Mrs. Applebee will live in Binghamton, N. Y.

On July 27, Gertrude E. Powers, class of 1918, Buffalo Hospital of the Sisters of Charity, to B. Bradley Lansill. Mr. and Mrs. Lansill will live in Buffalo.

On July 19, Miss Thomas, class of 1919, Indianapolis City Hospital, to Reginald Sellers. Mrs. Sellers was formerly night supervisor at the Hamilton County Hospital, Noblesville, Ind.

On May 29, in Indianapolis, Mabel L. Orner, class of 1917, Reid Memorial Hospital, to Ernest H. Kitch. Mr. and Mrs. Kitch will live in Indianapolis.

On March 30, in Asheville, N. C., Frances Lee Paxton, class of 1910, St. Andrew's Hospital, Lynchburg, Va., to Theodore F. Reusch, M. D., of St. Louis. Miss Paxton was a member of the army nurse corps.

Recently, Mary Birmingham, class of 1912, University of Pennsylvania School for Nurses, to James O'Neill.

On April 12, Mabel McMann, class of 1918, New York Hospital School for Nurses, to Raymond S. Killip.

On June 8, May E. Dougan to H. J. Gallagher. Mr. and Mrs. Gallagher will live in Providence, R. I.

On May 26, Anne V. Peck, class of 1914, New York Hospital School for Nurses, to Phillip S. Hill.

On June 16, Helen Van Meter, class of 1905, New York Hospital School for Nurses, to Rev. Abbott P. Davis.

On June 12, in Philadelphia, Elizabeth Mildrew, class of 1913, Kensington Hospital for Women, Philadelphia, to Harold Stevens.

Recently, in Rome, N. Y., Isabel Howland, class of 1913, Kensington Hospital for Women, Philadelphia, to Thomas Hannon of Chicago.

Recently, in Lebanon, Pa., Marian L. Rauch, class of 1915, Kensington Hospital for Women, Philadelphia, to Herman Louser.

On May 14, in Ord, Neb., Mary A. Munn, class of 1914, Douglas County Hospital and Training School, Omaha, to Oral M. McClure.

On July 22, in Whitinsville, Mass., Lillias J. Weir, Jamaica Hospital, Jamaica, N. Y., to Robert Deane. Mr. and Mrs. Deane will live in Whitinsville.

On June 4, in Eckman, W. Va., Martha Sue Pigg, class of 1916, Stuart Circle

Hospital, Richmond, Va., to Will Allen Broyles. Mr. and Mrs. Broyles will live in Landgraaf, W. Va.

On July 3, in Cleveland, Iva Lou Barrett, to Malcolm Papworth. Mr. and Mrs. Papworth will live in Cleveland.

On April 17, Jessie Elizabeth Burton, class of 1913, Homeopathic Hospital, Rochester, N. Y., to Robert A. Schanbacher. Mr. and Mrs. Schanbacher will live in Pittsburgh, Pa.

On April 26, Dorothy Edna Becker, class of 1917, Homeopathic Hospital, Rochester, N. Y., to Vernon M. McCarrel. Mr. and Mrs. McCarrel will live in Caddo, Texas.

On April 28, Katherine Werner, class of 1918, Homeopathic Hospital, Rochester, N. Y., to Albert Downing Perry. Mr. and Mrs. Perry will live in New York City.

On July 28, Harriet E. Sherman, class of 1916, Homeopathic Hospital, Rochester, N. Y., to John F. Nugent. Mr. and Mrs. Nugent will live in South Bend, Ind.

On June 24, Edith Lois MacDonald, class of 1916, University of Pennsylvania Hospital, to Dewitt H. Wyatt.

On July 1, Florence Layton Williams, class of 1910, University of Pennsylvania Hospital, Philadelphia, to Clarence H. Crawford.

On August 2, in Jacksonville, Fla., Augusta Meyer, St. Luke's Hospital, New York, to Walter Benedict. Mr. and Mrs. Benedict will live in Jacksonville.

On June 10, Grace E. Canty, Mercy Hospital, Des Moines, Iowa, to Harry Young of Des Moines.

On May 15, Evelyn Ryan, class of 1919, Mercy Hospital, Des Moines, Iowa, to Joseph Riney. Mr. and Mrs. Riney will live in Omaha, Neb.

On June 12, Mary Alexander, St. Joseph's Hospital, Keokuk, Iowa, to Edward Smith. Mr. and Mrs. Smith will live in Keokuk.

On June 1, Dorothea L. Blank, St. Joseph's Hospital, Keokuk, Iowa, to Roy C. Burner. Mr. and Mrs. Burner will live in Kansas City, Mo. Mrs. Burner was a member of Hospital Unit R and served overseas one year.

Recently, Alice Wood Triplett, to W. C. Musick. Mr. and Mrs. Musick will live in St. Louis, Mo.

On March 30, Ethyle Smiley, Washington University Training School, St. Louis, Mo., to James B. Sylenden. Mr. and Mrs. Sylenden will live in Stigler, Oklahoma. Mrs. Sylenden served overseas with Unit 21 of St. Louis.

On April 15, Betheme Delora McKown, Washington University Training School, St. Louis, Mo., to William Theodore Wilkening, M. D. Dr. and Mrs. Wilkening will live in Fort Scott, Kansas.

On June 17, Benta V. Whitaker, Washington University Training School, St. Louis, Mo., to W. A. Hudson, M. D. Dr. and Mrs. Hudson will live in St. Louis.

DEATHS

On May 29, in Waverly, Iowa, Gertrude Duffy, a graduate of Mercy Hospital, Des Moines, Iowa.

On July 10, in Jonestown, Pa., Natalie Rank, class of 1914, Presbyterian Hospital, Philadelphia, Pa.

On August 4, in Indianapolis, Ind., Mrs. Blanche Elizabeth Christie. Mrs. Christie was formerly Blanche Neff, class of 1908, Indianapolis City Hospital.

On March 20, Marguerite Tannler. Miss Tannler has been connected with "The Clinic," Baker, Oregon, and will be greatly missed.

On August 11, in Ingersol, Ontario, Canada, Miss Siple, a graduate of Alexandria Hospital, Ingersol. She was surgical supervisor and anaesthetist, Winona General Hospital, Winona, Minn., and served at Base Hospital, Camp Lee, Va., during the war. She was much loved by all who knew her.

On July 30, at the House of the Good Samaritan, Boston, Dr. Laura A. C. Hughes, prominent physician and former Spanish war nurse. Dr. Hughes was a graduate from Tufts Medical College, and was one of the first women to train in the Boston City Hospital for Nurses. She served as a nurse during the Spanish-American war, and was in charge of a department at Montauk. She organized the first band of Red Cross nurses to go to the Spanish war. In 1914, after the Salem fire, Dr. Hughes opened a baby camp and hospital in that city. At the beginning of the world war, she assisted in selecting nurses and preparing them for their work. In October, 1918, Dr. Hughes was appointed medical inspector for the city, being the first and only woman medical inspector. She was a noted philanthropist, and had a ready sympathy and interest which made her a leader among men as well as women. She will be greatly missed by her many friends.

On August 18, at the Glockner Sanitarium, Colorado Springs, of septic meningitis, Eliza C. Glenn, class of 1887, Illinois Training School, Chicago, after an illness of several years. Miss Glenn was one of the early graduates of Teachers College. She had been superintendent of nurses at the Passavant Hospital, Chicago, for many years, carrying on work of great value so quietly and unostentatiously that few realized how great was her service. She increasingly proved herself able to meet difficult problems as they arose. Her influence upon her pupils and her fellow nurses was always for the best and highest things. During the last weeks of her illness she was cared for tenderly by one of her own graduates who went on to Colorado to perform this labor of love. Services were held in the Fourth Presbyterian Church, Chicago. Burial was at Rockford, Ill.

On August 15, at her home, Santa Barbara, California, of heart failure, Mary Jean Hurdley, graduate of the Farrand Training School, Harper Hospital, Detroit. Miss Hurdley was born in England. After graduation as a nurse, she became superintendent of nurses at the University Hospital, Charlottesville, and several years later became superintendent of the Cottage Hospital, Santa Barbara, a position she held for about five years, giving up her work because of ill health. In spite of this handicap, Miss Hurdley was very active in Red Cross work during the war, working early and late, and giving of her ability without stint. Miss Hurdley will be greatly missed, for she was a woman of high ideals and was a noble example of loyalty to her profession.

BOOK REVIEWS

IN CHARGE OF

GRACE H. CAMERON, R.N.

NURSING IN MENTAL DISEASES. By Harriet Bailey, R. N. The Macmillan Company, New York. Price, \$1.60.

In the lists of text books written for the nursing profession, we have not, until now, found one treating of the care of mental patients written by a nurse and teacher. Therefore, this is a most timely book and deserves a wide popularity. The training of the student in general hospitals includes, usually, no actual practice in the nursing of mental diseases or clinical teaching in the understanding of mental symptoms. The theory is acquired by a series of lectures. That these lectures may be more clearly impressed upon and interpreted to the young mind, a text book, giving in detail, definitions, care, symptoms, and treatments, is a necessity, and when the text book is written by an experienced and understanding nurse we have a competent guide for our students. The arrangement of the present book is excellent, and the text complete and comprehensive, including chapters on Dangers and Precautions, Accidents and Emergencies, History of the Care of the Mentally Sick, Psychology, Mental Deficiency with the Binet-Simon Intelligence Tests, and a brief chapter on Hydrotherapy.

CARE AND FEEDING OF SOUTHERN BABIES. A guide for Mothers, Nurses and Baby Welfare Workers of the South. By Owen H. Wilson, M. D. Baird-Ward Printing Company, Nashville, Tenn. Price, \$1.25.

As stated by the author this is a simple guide for southern mothers and nurses because of the necessity for special restrictions in diet and clothing for southern babies. It is a small book and follows the usual arrangement for this type of book. The suggestions for traveling with a baby are unusually good.

A LABORATORY MANUAL OF PHYSIOLOGICAL CHEMISTRY. By Elbert W. Rockwood, M. D., Ph. D. Fourth Edition Enlarged and Revised. Illustrated. F. A. Davis Company, Philadelphia. Price, \$2.00.

An excellently arranged text-book in which the tests, preparations, reactions, etc., are concisely and clearly stated and the technique readily followed. The book is primarily for the medical student or for special work in other professions or in scientific and industrial courses. It could only be used in nurse training schools where there

are fully equipped laboratories and experienced teachers. For post-graduate work in this subject the book might prove a useful guide.

OF THE IMITATION OF CHRIST. By Thomas A. Kempis. The Edith Cavell Edition with an Introduction by Right Rev. Bishop Herbert E. Ryle, D. D., Dean of Westminster. Humphrey Milford—Oxford University Press. American Branch, 35 West 32nd Street, New York. Price, \$1.50.

This little book of simple, devout meditations is so well known that no review of the subject matter is required. As nurses, we all know the sad history of Edith Cavell and the cruel death she suffered. She was committed to the prison of St. Giles, Brussels, August 5, 1915, and was executed October 12, 1915. During these days of imprisonment she had with her a copy of *The Imitation of Christ*. This copy she desired sent to a favorite cousin. This was accomplished through the American embassy only after a period of three years. Miss Cavell marked many passages and made some entries on the fly leaves. These markings are all faithfully reproduced in this memorial edition which is dedicated to "Queen Alexandra to whose gracious interest and encouragement the Homes of Rest for Nurses, established in memory of the supreme sacrifice of Nurse Edith Cavell, owe so much." The proceeds of the sale of this book are to assist these Homes of Rest.

NURSING PROBLEMS AND OBLIGATIONS. By Sara E. Parsons, R. N. Whitcomb and Barrows, Boston. Price, \$1.00.

This third edition of a book on Nursing Ethics by Miss Parsons, is one with which every nurse, student and graduate, should be intimately acquainted. Miss Parsons is well known in the nursing profession as an instructor peculiarly gifted and with a particularly valuable experience. There is a brief preface by Richard C. Cabot, the well known physician and social worker. The conditions, contacts, and problems of a nurse's life are so sympathetically and understandingly discussed; the value of the nurse, generally, so appreciated; and the certain progress of the profession so emphatically intimated; that, from cover to cover, the book is a definite inspiration. The reading of the book is a real delight, being written in a dignified, simple, yet charming way. As a text book it will not only teach concerning nursing problems, but will acquaint the student with English and style which she may well study as a pattern.

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